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THE Public Health Nurse

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CONTENTS

Editorials 481
Is the Visiting Nurse a Public Health Nurse? 486
Why the Visiting Nurse Is a Public Health Nurse 488
Unified Health Service 490
The Public Health Nurse An Agent of Americanization . . 493
A Visit to Sezze 497
International Red Cross Conference in France 505
Varied Health Problems of Our Many States. Montana . . 509
Annual Meeting of the Ntiaonal Conference of Social Work . 516
Paul, the Youngest Settlement Worker 532
Discussion on the Training and Use of Attendants:
Instruction of Attendants 535
Welfare Work in a Mill Village 538
The Midwife in New Jersey 542
Public Health Nursing as Some People See It 544
Letters from Abroad 545
Activities of the National Organiztaion 550
Book Reviews and Bibliography 559
Notes from the Field: 561

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The Public Health Nurse

A Magazine published in the interest of Visiting Nursing, and dealing with the many phases of the Nurse's work in the Districts, in the Anti-Tuberculosis Crusade, in the fight against Infant Mortality, and in other Social and Medical Activities

Published monthly by the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

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CONTENTS

Editorials:

A Study in Paradox ... 481
Government Publications ... 484

Is the Visiting Nurse a Public Health Nurse? H. W. Hill, M. D., Ph. D. ... 486

Why the Visiting Nurse Is a Public Health Nurse. Annie M. Brainard ... 488

Unified Health Service. B. S. Warren, M. D. ... 490

The Public Health Nurse an Agent of Americanization. Bessie A. Haasis ... 493

A Visit to Sezze. Edna L. Foley ... 497

International Red Cross Conference in France ... 505

Varied Health Problems of Our Many States: Montana ... 509

Annual Meeting of the National Conference of Social Work. Bessie A Haasis. 516

Paul, the Youngest Settlement Worker. Zoe La Forge ... 532

Discussion on the Training and Use of Attendants: Instruction of Attendants. Frances A. Stone ... 535

Welfare Work in a Mill Village. Anne Selley ... 538

The Midwife in New Jersey. Florence S. Wright ... 542

Public Health Nursing as Some People See It ... 544

Letters from Abroad ... 545

Activities of the National Organization:

The States and "The Public Health Nurse" ... 550
The New York Office ... 552
The Western Office ... 553
Demonstration in Louisiana ... 555
Library Department ... 556

Book Reviews and Bibliography ... 559

Notes from the Field:

Schools for Public Health Nurses in Italy ... 561
Returning Nurses and the Public Health Field ... 562
Report from the Instructive District Nursing Association, Boston ... 564
Directors Organize in Connecticut ... 566
A Letter to the New Haven V. N. A. ... 567
Work of Children's Year Committee in Minneapolis ... 568
Notes from Oklahoma ... 569
A New Course in Public Health Nursing ... 570
A League of Red Cross Societies ... 571

A STREET IN GENOA. A SCHOOL FOR PUBLIC HEALTH NURSES HAS BEEN ESTABLISHED HERE, AND ANOTHER IN ROME

See P. 549.

The
Public Health Nurse

VOL. XI JULY 1919 No. 7

EDITORIALS

A STUDY IN PARADOX

One of the curious paradoxes which has arisen out of the war is the insistence, on the one hand, on a principle of international life and action as transcending the policies of single national groups—or the substitution of the welfare of the most for the welfare of the many—and, on the other hand, an equally strong insistence on the sanctity of national life and freedom, leading to the birth or re-birth of a large number of independent States.

During the last few months these two principles have seemed to be so strongly and inevitably in conflict that some of the most thoughtful amongst us have, at times, almost despaired of any hopeful solution of what seemed to be an insoluble problem. Deeper consideration, however, has led to the realization that the principles of profoundest import and vitality are precisely the ones which come most strongly into apparent opposition with each other, and that the history of human life and human thought

is, in fact, the history of efforts to reconcile the essential truths inherent in the conflict of outward manifestations. Thus we find the struggle of truth with truth carried on side by side with the struggle between truth and falsehood, so that many times only the most clear-sighted can discern between the two. Yet it is only through this ever-recurring strife that truth is able to prevail over the insidious attacks of falsity—only through the constant assertion of the principle of government that license is subordinated to law —only by steadfast adherence to the principle of liberty that tyrrany is conquered by freedom; and so we come back once more to the eternal truth and the eternal paradox that obedience to law is the only liberty.

Something of the confusion which has prevailed in regard to the great national and international issues which we are all following with so much concern is reflected in our attitude towards the lesser, though still vital problems of our community life. We realize, as rarely if ever before, the paramount claim of a unified national life; yet we are keenly sensitive to the necessity of protecting our independent rights and liberties as States and as communities from any unlawful or unnecessary interference.

To take the field of health, for example, we believe that real and lasting measures for the protection of health must come from within the community rather than from without; that reforms which are too far in advance of the education of the people as a whole will be resented rather than appreciated or used to advantage; and that a few steps taken steadily and intelligently are of more value than a quick, sudden advance, the significance of which is neither understood nor shared by the great mass of the population. But, again, what right have we to allow any one State or any one community to lag behind and menace through its inactivity the welfare of the nation as a whole? And if the people are not shown the fruits of a better way how can they be taught to desire them?

The report of the annual meeting of the National Conference of Social Work, which we publish in this issue of The Public Health Nurse, gives account of an interesting example of the trend of thought in regard to some of these matters. The subject under discussion at one of the meetings was Community Organization, and the report states that "it was made clear that while the history of social effort before the war was a history of isolated or somewhat related attacks on single or related evils, with organi-

zation for each; since the war, the tendency is to bring these organizations together into an organic or at least harmonious unity, presenting one solid front to community problems and attacking them more or less in unison and after a concerted community study and community plan are worked out." A little further on the report continues: "An undertone sounded at this meeting and became even an overtone at a later one, that such community enterprises could only express true progress on the part of the community when they were not assisted either by expert advice or by financial assistance from without. Mr. John Collier spoke most eloquently of the Mitchell administration (probably the best New York has ever had) which met overwhelming defeat at the last election just because it had done so many splendid things *for* the people of New York—had them done by experts in each line—and just because the action had been too far in advance and not in response to the will of the people it had been defeated. Now, while a reactionary administration is in, they have encouraged the community council idea and the people are beginning to progress in thought. No experts are doing *for* them, there is not a dollar of subsidy and there is a more normal growth of the whole people toward new ideas. It was made clear that while temporary and apparent advance may be faster with outside imposed advice, and sometimes money, *real* advance is more lasting when it comes slowly and entirely from change of conviction from *within* the community."

Here is the paradox again: unity of effort growing within the community because of the realization of the greater achievements possible through the renunciation or partial renunciation of individualism; side by side with the individualistic conception of the community as independent of outside help or control, and making its own effort unassisted by the strength which comes of superior knowledge available from without.

We cannot help wondering if the people of New York would have been quite so ready and anxious to work out their own salvation if Mayor Mitchell had not shown them the way and called in experts to demonstrate the possibilities of a good city government. That the demonstration was not altogether without effect is very clearly shown by the fact that the people are beginning to do for themselves those things which the experts had been doing for them. It is an interesting object lesson both as to the value of practical demonstration and also on the danger of allowing such

demonstration to deteriorate into a mere doing for people those things which they should be taught to do for themselves.

It seems questionable whether the time will ever come when we can afford to dispense with the help of experts, nor does there seem to be any legitimate reason why such help should be inadvisable, or why, in some cases and for demonstration purposes, outside financial assistance might not also be desirable. The system, for instance, whereby the Federal government extends financial aid to States for certain distinct purposes, provided that the States themselves supplement the subsidy with an equivalent amount, would seem to be one that is sound in basis and that should lead to the strengthening rather than the weakening of effort on the part of the individual State.

We consider it unreasonable to allow our children to grow up in ignorance until such time as they shall themselves determine that education is desirable and will be advantageous in its effects; it would seem to be equally foolish to wait until public opinion realizes the necessity of working out its own salvation in regard to health matters, without providing, when possible, the benefits of expert demonstration in order to cultivate an appreciation of its value, and a standard by which to measure progress, since sickness is no less a national menace than ignorance, and its results are equally far-reaching and disastrous.

GOVERNMENT PUBLICATIONS

References made in letters which occasionally come to the editorial office of our magazine seem to show that many of our readers are not acquainted with the excellent publications constantly issued by various departments of the Federal Government. During the war a great amount of government literature has been widely distributed, and "Children's Year" has made many people acquainted with the pamphlets sent out by the Children's Bureau; but apart from this literature of a more or less special character, there are constantly being made available the results of surveys, scientific experiments and studies of experts in various fields, by the U. S. Public Health Service, the Department of Labor, the Bureau of Vital Statistics, the Bureau of Education and other divisions of the government.

The U. S. Public Health Service issues every month a list of reprints from the Public Health Reports; practically all of these reprints deal with subjects in which the public health nurse is necessarily interested and on which she is only too glad to obtain authoritative information; to mention a few of them: Rural Sanitation; Infectious Diseases of Children; Drinking Fountains; Studies in Vocational Diseases; Control of Communicable Diseases; Industrial Efficiency; Health Insurance; Social Hygiene; Reports on Health Administration in various States, etc., etc.

Many of the publications of the Department of Labor contain sociological data which has important bearing on the work of the nurse; and the Monthly Labor Review of the Bureau of Labor Statistics includes matter from reports, meetings and investigations of conditions affecting workers, not only in this country but also in many others.

The surveys and studies of the Children's Bureau are of great value, not only for their special bearing upon infant and maternal mortality but also because of the general conditions affecting health —such as housing, sanitary provisions, etc.—which they reveal and which prove that a high or low infant mortality rate is closely indicative of health conditions as a whole.

Every issue of THE PUBLIC HEALTH NURSE contains reference to one or more government publications, either in the department of Book Reviews and Bibliography, or the Library Department of the Activities of the National Organization; in this number, for instance, there is a review of the "Lectures on Social Hygiene for Nurses," just recently published by the U. S. Public Health Service, besides notes regarding other pamphlets.

These Government publications may be obtained from the respective departments in Washington by which they are issued, either free of cost or at a nominal charge of a few cents. Any of our readers who desire information in regard to matters such as those which we have indicated would do well to ascertain what authoritative material the Government has made available; and we predict that those who begin to study these publications will obtain from them not only help and enlightenment on the subjects which they discuss, but in addition, the very real delight and broadening of mind and outlook which comes through contact with the scientific spirit.

IS THE VISITING NURSE A PUBLIC HEALTH NURSE?

BY H. W. HILL, M.D., D.P.H.
Executive Secretary, Minnesota Public Health Association

That the Visiting Nurse and the Public Health Nurse should be carefully distinguished is the burden of this article.

The author is quite aware that a distinction between these two is not in accordance with the teachings of THE PUBLIC HEALTH NURSE whose management nevertheless has taken the very broad attitude that an open discussion is the way to arrive at the truth; which latter is an elusive lady at best, and seldom can be induced to remain placed by any one for very long.

Almost all sincere discussions between honest opponents hinge really on differences in the use of words, rather than in disagreement as to the ultimate facts, which, shorn of the terms in dispute, are usually appraised at the same value by both parties.

A Visiting Nurse has certainly a function in public health —as has the physician, the hospital, the private nurse. Even may we grant that she has perhaps more to do with public health because her functions are generally understood to be somewhat in the line of teaching and informing as well as of actual service, and in this she contrasts somewhat with the physician, the hospital and the private nurse who are paid to render service, not to instruct; and who, moreover, especially the latter, deal with a class of people differing from that with which the Visiting Nurse deals, in that they are supposed not to need instruction; indeed, many of them would resent it, if offered.

Admitting all this, the Visiting Nurse nevertheless does give actual bedside nursing service, does do first aid, makes beds, takes temperatures, supervises the progress of individual patients through their attacks of disease. Nor are the diseases she thus attends necessarily of a communicable nature, so that, so far as these bedside duties go, the actual services she renders belong to therapeutics rather than to public health. She can claim no less, but also no more, public health service than that physician who, in his work amongst the poor, adds to his medical or surgical treatment some hygienic advice or than that hospital which attempts through a "Home Service," to give similar teachings.

The crucial point in selecting a proper classification for the Visiting Nurse is this: a large proportion of her time and the distinctive feature of her service is, after all, concerned directly with

therapeutics; a relatively small proportion of her time and of her service is devoted to instruction, *other than that which is really therapeutic in character.* Is it then quite logical to classify her by the former, which constitute the smaller portion of her functions, rather than by the latter which constitute the larger? Moreover, such instruction as she does give, *other than that which is really therapeutic in character,* is really rather of a hygienic nature, dealing with the individual, than of a public health nature, dealing with the inter-relations of individuals to each other. Doubtless she does give some instruction on the latter subjects and doubtless what she gives is all helpful and to be encouraged. But I do not think that she does enough of the latter to be entitled to a public health classification—at least until such time as *all* therapeutics and *all* its auxiliaries become so classified.

In brief, the distinction between the work of the Visiting Nurse and the work of the Public Health Nurse, properly so called, is in principle exactly the difference already recognized in medical circles as existing between the work of the physician and the work of the health officer; exactly the difference already recognized in sociological circles between relief work and the rehabilitation of a family. The physician repairs or attempts to repair damage or disability already existing in an individual; the health officer has nothing to do with repairs; his duty is prevention. The relief officer prevents the actual starving or freezing of individuals; the rehabilitation agency secures the conditions under which starving and freezing become impossible. True, the health officer and the rehabilitation agent must do something in emergencies for the actual sufferers, but that is the smallest and least important part of their community service.

When the title, Public Health Nurse, is used distinctively, it should, it seems to me, indicate a nurse, *capable* of emergency handling of acutely sick or distressed persons (which emergencies after all rarely arise); but *chiefly devoted* to the discovery of dangerous conditions, and the taking of, and giving instruction in, the precautions required to offset the dangers. The Public Health Nurse, in my conception of the term, does no nursing; or so little that it hardly can be considered in the services she gives, which consist chiefly in teaching and in investigations on public health lines. The Visiting Nurse, in my conception, is in a converse situation; she is primarily a nurse, only secondarily and incidentally a teacher or investigator of public health conditions.

When we advocate public health measures, we do not mean or include anything therapeutic. When we advocate a Public Health Nurse, we should not, I think, include in the term one whose chief work is therapeutics.

WHY THE VISITING NURSE IS A PUBLIC HEALTH NURSE

BY ANNIE M. BRAINARD

In June of 1912 the Visiting Nurses of this country came together in convention for the express purpose of considering the "Standardization of Visiting Nursing," and of forming a national association whose prime object should be "to develop a standard of ethics and technique."

When the question as to the name to be given this new organization came up for discussion there was a diversity of opinion. At first the majority preferred the old and well-known name, and "The National Association of Visiting Nurses" was suggested. This name seemed to some far-seeing delegates, however, as not comprehensive enough. "We want a name big enough to let in everyone who is doing the work we are going to stand for," said one; "the name 'Visiting Nurse Association' is not big enough to include all the people—all the nurses who are doing work for social betterment along public health lines," said another. And so at last the name selected and unanimously adopted was "The National Organization for Public Health Nursing;" "for," said Miss Gardner, "it was felt that in this name all *visiting nurse work* (which may or may not mean bedside care) would be included."

It is with some surprise, therefore, that we hear the question propounded "Is the Visiting Nurse a Public Health Nurse?"

It would seem to us that the leaders of the movement for Public Health Nursing announced at the very beginning that the Visiting Nurse *was* a Public Health Nurse. Nay, more, that the name included all nurses doing visiting nurse work, whether school, factory, infant welfare, tuberculosis, social service, "*or any newer forms of work for the preservation of the public health.*"

We cannot, therefore, distinguish between the two, except to say that the one includes the other. The Public Health Nurse is

the genus; the visiting nurse, the school nurse, the tuberculosis nurse, the infant welfare nurse, are the specie. They are all working for the public health; they are all Public Health Nurses.

Someone, in the early days when Public Health Nursing was in its infancy said, "What kind of a nurse is a health nurse? Are we not all sick nurses?" To which one of the clear-visioned ones replied, "Does not the term *nurse* now mean that we are all the guardians of the public health?" The province of nursing has become enlarged and includes now health as well as sickness.

But apart from the historic right to the name Public Health Nurse, what does the visiting nurse do that would entitle her to the designation, and is it true that "she can claim no less, *but also no more* public health service than that physician who adds to his medical and surgical treatment some hygienic advice?"

In the first place, a Visiting Nurse goes into the home and has exceptional opportunity for teaching and for inspecting sanitary conditions. While she may be, and usually is, called upon to give bedside care,* she has come to look upon that part of her work as greatly a means toward an end—the end is *health*, not only for the patient whom she is caring for, but for the family, for the neighborhood and for the public at large. She notices the closed windows and the over-crowding, and she begins at once to talk "fresh air" and never leaves off talking until her *families* have begun to understand and appreciate its value. She notes the unsanitary condition of the house; the dangerous proximity of water supply to outhouses; the rubbish and filth which may contain the germs of far-reaching disease, and she reports each condition to the proper authority and tries to teach the people the danger of such conditions. She not only teaches the mother how to prepare the milk for the baby, but she teaches her also what food is proper for the growing child and why it should have milk and not coffee. Three-fourths of the work of a visiting nurse consists in teaching the fundamental principles of public health; and it is impossible to say that any principle of hygiene or sanitation is limited in application to the individual, for the inter-relation of individuals one to the other is complex, and the health of the one reacts so subtly upon the health of all the rest that what affects one may come to affect not only those

*At a meeting of State Supervising Nurses held in Cincinnati last April, the point was strongly brought out that there is increasing tendency toward the inclusion of bedside care *especially for its teaching value*.

in the immediate vicinity but others living far away, and may be handed on to future generations.

And, finally, is it true that "the actual service she renders belongs to therapeutics rather than to public health?" Should she be likened to "the physician who repairs damages?" And has she nothing in common with the health officer who seeks prevention?

We could hardly admit such classification. In the first place, prophylaxis occupies a large place in the work of any modern physician, as also in the work of the nurse; secondly, the public health measures which the public health officer interests himself in are the very foundation of the work of the visiting nurse; and, thirdly, the therapeutics which she practices go hand in hand with her teaching of public health.

A Public Health Nurse may not be a Visiting Nurse—she may be one of the other specialists, one of the other "specie"—but a Visiting Nurse is, and cannot help but be, a Public Health Nurse.

UNIFIED HEALTH SERVICE

(Condensed Address given before the Civic League of Birmingham, Ala., by Asst. Surgeon General B. S. Warren, U. S. Public Health Service)

The emergency of the war developed in many localities a new and interesting coöperation between Federal, State, and local agencies, for the control of disease.

By way of making this record permanent, and of indicating the economic and social value of such coöperative control, Assistant Surgeon General Warren, of the U. S. Public Health Service, made this matter the subject of his address before the Birmingham Civic League, recently.

In the fifty-one extra-cantonment zones in which complete health organizations were established, especially for the protection of military camps, more than three and three-quarter million people were cared for at a total cost of $2,358,909, or about 62c a piece. This number of persons refers to the civilian population only, and is in addition to the military population, whose medical agencies had the entire coöperation of the civilian health agency. Of this cost of $2,358,909, the American Red Cross furnished $507,000—especially for clinic work: State and local authorities

within the States where zones were established expended $650,000; the Public Health Service expended $1,201,909.

It would be both reasonable and desirable that health work of different regions should be organized on the same tested and proved basis existent in these zone areas. For, in many senses, all authorities—Federal, State and local—have identical responsibilities. A case of typhoid fever in a remote rural district in Alabama is a matter of interest alike to the State, county, and Federal health officer. If the State health officer and county health officer have special tasks in enforcing sanitary measures in specific localities, the State has the task of assisting or supervising the enforcement of sanitary measures throughout that State; of preventing the spread of an epidemic from one city or county to another. To prevent the spread of an epidemic from the last county of one State to the first county of another, is the province of the Federal authorities —specifically, of the Division of Interstate Quarantine in the U. S. Public Health Service. For this is true: whereas in the olden times, people and health officers alike waited until the epidemic was well and merrily under way before taking action, the modern procedure is to recognize the first indications of approaching epidemic, and by dealing promptly with the indications, make the epidemic impossible.

But public health work is not composed exclusively of such interesting crises as epidemics! There is the question of securing adequate medical service for all people, regardless of their ability to pay; the responsibility of child welfare; the supervision of the health of school children, of workers, and of residents in rural districts. There is the responsibility of controlling special diseases, such as tuberculosis, or syphilis and gonorrhea, where the disease itself is rooted deep in social customs and traditions and its control is a much more difficult task than draining swamps and killing mosquitoes. There is the little group of wilful folk to be dealt with, who will not protect the community—by protecting themselves.

A properly unified health service demands, without question, that health activities of a community should center in the Department of Health. Many such activities have been begun and continued by far-seeing lay workers—sometimes physicians; more often not—whose achievement in arousing public attention to specific conditions of disease cannot be too greatly over-estimated.

But now, in many instances, they have aroused public attention to these conditions, and the community is ready to bear its own burden. In some instances this means that the unofficial agency transfers its work entirely to the official body; sometimes it remains as a correlated or advisory organization, with a watchful and experienced eye on the trend of things. But whatever the arrangement in the individual locality, throughout the country a unique estimate of community responsibility and community work in controlling disease and maintaining health is developing. The principle is no longer that of a political game; rather, that of a striking coöperative undertaking in medical and social measures.

"In the field of school hygiene," Dr. Warren says, "the initial administration doubtless belongs under the control of boards of education." All questions of health which relate to a child's ability to attend school regularly and to learn its lessons, are the concern of school authorities. Standards for such conditions are the responsibility of the departments of health. So, also, the investigation and remedy of conditions in the home and immediate community which affect the child's ability and attendance.

Similarly, industrial hygiene is a State and Federal responsibility, not simply a question of sympathy or economic profit of the owners of plants throughout the country. It is a matter in which the workers themselves are taking an increasingly large interest—a fact of significance for the public health movement.

"In a democratic government," says Dr. Warren, "there should be no agency directing government administration, which is not responsible to the people."

To consult and to work with various voluntary health agencies is highly desirable, and in many cases, of profit to the official departments. It is nevertheless equally clear that the best results will be obtained, not by duplicated and over-lapping effort, but through a carefully thought-out plan of public health administration adapted to the specific need of individual State or locality, from which shall come the statement of standards based on the best known scientific findings and social investigation; in whose hands shall rest the authority to act when authority is needed; and at whose headquarters shall be the complete records, statistical and educational, from all parts of the State or of the country.

The result of such enlightened coöperation will be for every social group and every individual citizen the adequate and unified health service.

PUBLIC HEALTH NURSING, AN AGENT OF AMERICANIZATION

BY BESSIE A. HAASIS

Educational Secretary, National Organization for Public Health Nursing

Miss Wald tells of a scene in the crowded bedroom of an Italian tenement. All night the young medical student and his professor have been working with an agonizing woman. With the first streaks of morning light, they have packed their bags, washed their hands and gone home to the Maternity Hospital, leaving an exhausted mother, with her first born by her side. The room is in confusion, the husband overcome with fatigue and anxiety. The neighbors come crowding in to tender their good wishes, and stay on to exchange reminiscences of similar experiences, incidentally keeping the mother from much needed rest and quiet, and using up all the available oxygen in the room.

There comes a knock at the door. It is the visiting nurse with her little black bag of comfort, her quiet smile and her spotless white collar and cuffs. Promising that they may return later, she clears husband, neighbors and all out of the room, sets the tea-kettle on the kitchen stove, opens the windows a few inches, and starts to set the room in order. With a pat to the pillows and a change of position, she makes the mother comfortable for a half hour's nap, closes the windows and takes the baby in the kitchen to give him his first bath by the warm stove. This done, she returns and bathes the now refreshed mother, puts clean sheets on the bed, tidies up the room, places the bowl of boric acid and a drink of water on the chair by the bedside, and prepares her chart for the doctor. As she leaves, the neighbors, 'the foreign neighbors'—meet her at the opening door. Catching sight of the patient, now resting comfortably in a clean and tidy bed, with hair neatly arranged, in two braids by the side of her oval face, the baby asleep by her side, they exclaim, "Well, now you look like an American lady!" And does she not? And has she not learned what is the custom for American ladies, in the way of comfort and cleanliness? And will she not know hereafter that this is her due as an "American lady," for at least ten days after each baby is born, even though in the old country she might have been expected to get up and do her housework or go into the fields on the third day?

Not a word of common language was spoken between mother and nurse on the first visit. Not a word of formal education passed. But the mother and baby are started on the high road toward being Americans. And this is the how and the why of Public Health Nursing as an integral part of the Americanization program.

Let us analyze its success, and the method by which it is obtained:

First: The Public Health Nurse enters the home of the foreign born at a time when there is trouble. Service is needed, and needed badly. Her uniform proclaims her as a worker, and to the men and women who have toiled and sweated in workshop or field, there is no passport to confidence like that of a pair of working hands. The uniform also proclaims a knowledge above their own, a familiarity with scenes of life and death, a kinship to the "professor," to which they are willing to trust their dear ones for care. Some, coming from countries where ministry to the sick is the field of the church, recognize in the uniform the added sanction and beneficence of religious service. It may be the priest, the most intelligent member of the foreign community, who has sent her. There is trouble, sore trouble, and she has service to give. And her service assures her welcome.

Second: Nine times out of ten her visits bring immediate and tangible benefit. Even if not in the recovery of a sick one, at least in increased comfort and in the confidence of the family that they are doing the right thing. A few simple admonitions and the baby begins to gain weight. A burned hand dressed three or four times, and the father is able to go back to work. "Hope deferred maketh the heart sick," but immediate results are a wonderful help in gaining confidence and obedience to one's teaching.

Third: Once the gratitude of the family and their confidence are gained, there is no subject on which they will not ask or accept advice. And here lies the opportunity of the Public Health Nurse to win the family over to such American standards and habits as are better than their own. The Italian mother can, after a time, be persuaded to take off the "fasch" which binds her new born baby's little legs up into a tight mummy shape. The Polish mother, after patient teaching, can be induced not to give her three months baby a taste of the cabbage, stew or whatever else is on the family menu. Perhaps the nurse can bring with her some day, introducing her as a friend, the visiting housekeeper, who will

praise the spotless bed linen, learn from the foreign mother how she prepares some of the famous national dishes and in return teach her how to cook the cereal and cocoa which are going to make her children better adapted to the climate of the country of their adoption and get them good marks in school for reporting "yes" to the teacher's question, "Did you have a 500 calory breakfast today?"

There is no reason why the advice of the Public Health Nurse should be limited only to matters of health. Public Health Nursing states as its aim: "To remedy not only the case of illness, but *whatever is wrong* with the family." And so the Public Health Nurse may be the one to get the young wage earner into lighter work so that he can attend night school. If she has nursed his brother through a critical case of pneumonia, he is likely to do what she advises. Or she may be the one to urge the father to take out his naturalization papers, knowing that in the hazardous industry in which he is employed he stands as good chance as any other man of being killed and leaving his wife ineligible for a widow's pension. If she has cared for the wife when the last baby was born, he is likely to do that, too.

So far we have spoken of work with adults. And some go as far as to say it is hopeless to try to accomplish anything with the grown people, that our hope is the children. I do not think that work with adults is by any means hopeless; but I will admit that even the Public Health Nurse can get greater results and sooner, with the children. The amount of time it takes to teach one foreign mother to properly care for her baby, will teach the same lesson to a class of twenty little girls in grammar school, and against far less inertia of habit and superstition. And the time it takes to convince one foreign mother that coffee is not the best breakfast for ten year olds will stimulate a whole roomful of children to watching the difference in their weight charts when cocoa is used as substitute. And the children somehow do convince the parents, especially if the nurse works with both child and mother.

And so we believe that every Americanization program needs Public Health Nurses for two purposes: First: to give actual nursing care to the sick, both for its benefit to the sick, for its educational value in the home of the sick one, and also as an entering wedge for an Americanization agent. The visiting nurse system, be it board of health, tuberculosis association, or infant welfare, which definitely states—"We give no bedside nursing, we do instructive work," is losing two of the most valuable assets: first,

demonstration, as a teaching method which grows in value in proportion with the language barrier, and second, gratitude for actual comfort and service given.

Second: We need the Public Health Nurse to teach the home care of the sick, and the care of the normal baby in the public schools, and by close association of personal and social hygiene, diet and conduct.

Upon the nurse working in a foreign district there devolves the added responsibility of understanding and doing justice to her foreign patients. This calls for the best type of nurse. This calls for a knowledge of the temperament, national history and background in the 'old country,' of her patients, rather than necessarily a familiarity with their language, though every word she has in common with them cements the bonds of friendship and confidence. Moreover, such a nurse should be skillful not only in her own technical line, but also should be in touch with agencies dealing with every phase of family and neighborhood welfare, for who knows but what she may portray, or introduce to the family all the idea of respect for law, all the high standard of personal honor and business integrity, all the desire for cleanness of body, mind and surroundings that they still imitate as American.

Public Health Nursing has five contributions to make to the Americanization program:

1st—It reaches mothers who never go to gatherings of any sort.

2nd—It translates the technical language of doctors, boards of health, etc., into the every day tongue and habit of the home.

3rd—It gives comfort to the uncomfortable as well as knowledge to the ignorant.

4th—It provides an introduction for every other agency whose service the family needs.

5th—By educating the *rest of us* it makes us better neighbors for our foreign born.

A VISIT TO SEZZE

BY EDNA L. FOLEY

Director Section on Public Health Nursing, A. R. C. Tuberculosis Commission to Italy

Yesterday five of us took a most interesting motor trip. We went from Rome to Sezze, a little village of 6000 people, perched 1000 feet up in the air on top of a mountain. The season is very late here and the sky was overhung with clouds and the air very cold when we started at 8:30 in the morning. Rome, as you know, is built on many hills and at first the surrounding country is quite hilly, but finally we struck the campagna, a level and, in spots, marshy plain bordered to the west by the Mediterranean and on the south by a fairly high mountain range.

We must have been at least fifteen miles from Sezze when, after a turn in the road, we discovered it. It made us think of Maxfield Parrish's posters, an inaccessible white town on the top of a very steep hill. As we got nearer we discovered that it was approached by an excellent roadway which looped back and forth up the side of the mountain in such a way that we got to the top without any difficulty although the grade was an extremely steep one. When we arrived most of the village turned out to see us. I shall never get used to these French and Italian drivers. Many of the streets are nothing but alleys, all stone paved to be sure, but so narrow that vehicles going in opposite directions could not pass each other and pedestrians have to flatten themselves against buildings to keep from being pushed down. In spite of such little difficulties as these the chauffeurs go like the wind and as we tore in and out of these narrow, dark places I thought we would hit half of the town. Nothing happened and we arrived in the central square without any disasters whatsoever.

We were met there by Miss Fraser, formerly superintendent of the anti-tuberculosis nurses of Cincinnati. She has been living up in this little village for several months, carrying on the good work started by the American Red Cross some time ago. The town really serves about 14,000 people, for all the farmers and peasants around it buy there or look to it for school, church or advice of any sort.

Sezze is an old town, older than Rome its inhabitants say, for long before it became a Roman camp it had been settled by the Volscians. One theory for its inaccessibility is that the castle and the ruler were on the mountain top and all the peasants' cottages

clustered about for protection from their enemies; but probably a more practical reason is that the marshes below are full of mosquitoes and malaria has been the curse of this section of the country for many centuries. The people go down to the plains to work on their farms every day, but come back to sleep at night. They have done this for so many generations that they have no idea when it was first begun. The *contadini* think nothing at all of walking down this very steep hill, about four miles by roadway, I think, to the little farms on the plain. Then they must walk back at night. There is a motor bus which goes up and down once a day from the railroad station at which there is one train daily, but of course none of the workers think of using this method of conveyance. Some of the more prosperous own tiny donkeys which carry amazingly large loads.

The view from the hill-top was wonderful, for we had mountains, plains and in the distance the sea, very much as an aviator must get the effect from his airplane. The farms below and on the little terraces in different parts of the hill looked extremely well cared for.

The Red Cross Civilian Relief first gave aid in Sezze during the influenza epidemic last fall. Conditions were pretty bad in many parts of Italy when our commission first arrived. The doctors and nurses were loaned wherever they could be of service. Two were sent to Terracina on the coast about eight miles below Sezze. Things were well in hand there, however, but they were told that conditions in Sezze were awfully bad, and so they were taken straight up the hill where they were much surprised to find this large, flourishing town. An old church was turned into a hospital. The Red Cross sent down beds and bedding, food and other supplies and patients poured in. Ninety-six in all were cared for. Most, I think, were brought in from the country-side. The people in Sezze were cared for in their own homes. There is no way of getting up to the town except by the mountain road. Awfully sick people were brought up on the backs of donkeys. Children were brought in in baskets and other patients walked in. The church was old and had not been used for a great many years and at first the task of cleaning it up and using it for anything like a hospital seemed hopeless, but American energy and patients' need seemed a good combination for it was cleaned up to a certain degree and a very good hospital resulted.

There was only one stove for boiling water. In fact, Americans who have lived in Italy this past year have just begun to

discover what a totally unnecessary luxury hot water is. When you have only one stove and one hole with fire under it and precious little fire in it and when that fire does not draw unless some patient individual stands over it and fans it steadily hour in and hour out, it is surprising to see how far one kettle of hot water will go. It is also not so difficult to care for three patients in one bed when the patients are there and separate beds are not. Hot water bottles placed over the heart and warm enemas were so much more effective than clean faces and hands that bathing was not considered and the warm water was used almost as carefully as medicine. Nevertheless, the hospital met with good results and plenty of warm appreciation and served its purpose, although the young American physician and nurse who worked in it did not think when they first saw it after dark one stormy night that anything would ever be accomplished in it. Four totally untrained, almost illiterate Italian girls were the first assistants but after the fifth day a second novice, an Italian, was secured.

There was an old monastery at the south end of the town on the edge of the hill which was turned into an orphanage for boys. There were already a number of war orphans there but "flu" orphans were brought in almost daily. People simply toiled up the hill from the valleys with these little boys and girls, with three, four and even five at a time, and deposited the scared, hungry-looking children on the stone floor with the bare statement that both parents had died and there was no one at home to look after the children. As a result this little town where everybody works and no one is what we might call affluent has opened two orphanges, one for boys and one for girls. Red Cross beds and bedding, clothing and food made both of them possible.

The boys have the best situation, for there is a farm attached to their monastery and a professor of agriculture who is tremendously interested in them has started a model farm and all who are old enough work with him at it. They go to the public school in town, about eight minutes' walk away. We were there at dinner time and if you had seen these sixty odd youngsters sitting at the table eating soup as if they really enjoyed it, with their eyes fixed upon the perfectly huge hunks of bread which composed the remainder of their meal you would have felt with us that Sezze had done a mighty fine piece of work. All Italy is still eating war bread. It is pretty dark but appetizing, though "chewy." Butter is an undreamed of luxury and sugar is served very spar-

ingly. The boys were all in sweaters that had been given by the Red Cross. Some of them are out at the elbows now. I wish that the people at home could see them for I am certain more would be forthcoming if they could realize how much good these first seventy sweaters had done.

Miss Gardner had been in Sezze one day last fall when some of the children were brought in. She said that she would not have believed that a few months kind treatment and proper food and housing could have done so much for the scared, little waifs whom she saw being brought in that day. I never saw happier, huskier youngsters. It was pretty hard to think that none of them had parents and no home life as we think of it but that they were happy and well-cared for, one could not doubt. They looked like anything but institutionalized children. There is a school teacher in town, an idealist, who is tremendously interested in them. He goes out twice a day, at noon and at night, to see them fed, to talk with them and play with them and he has written letters all over Italy, asking for money, for the two orphanages are altogether too much for the one small town to support. The children are so happy and well-cared for that this man can't bear to think of their being separated and distributed around in other institutions.

The girls' building, partly convent and partly school, is down in the centre of town and has not the farm and big play space that the boys' have, but they are well cared for and they are allowed to go to the public school, which occupies one-half of their square building. The nuns were very much pleased at our visit and after showing us some really wonderful lace and linen embroidery which the older girls are being taught to do, they served us some very delicious coffee. Here the suggestions of the American nurse have been taken very kindly. The children have been moved to the second story and their sleeping room is airy and very well ventilated.

In this school and in the public school and at the boys' orphanage we found open windows everywhere. You may not think this odd in May in Italy, but I do not believe that any people on earth like fresh air as much as Americans do, and open windows over here are not so common as they are with us.

From the girls' orphanage we went to the hospital which has been cleaned up so that its first visitors hardly recognized it. It has been white-washed, some sinks and water tanks put in and some gifts from the American Red Cross disposed of to the best

possible advantage. In fact, the very packing-cases in which the material was sent down were carefully taken to pieces and under the supervision of one of the sisters, who proved to be a wonderful surgical nurse, all sorts of furniture was made by the Austrian prisoners. One dressing-table in the dispensary had three shelves and large wooden castors and when it was given its coat of white paint it looked as good as any illustration in Miss Brigham's well known book "Box Furniture." (Miss Fraser says that Austrian prisoners make excellent assistants. She would like to take a few home with her.)

THE DISPENSARY COURT

Miss Fraser has succeeded in encouraging medical inspections in the public schools and now the children are brought, one room at a time, to the dispensary. The children are weighed and measured and a superficial examination is made of their eyes, ears, throat and teeth. A child who shows anything out of the ordinary is sent in to the physician and a record is taken of each youngster inspected. There is a very good doctor at the hospital who is so much in sympathy with what Miss Fraser is undertaking that he has arranged to have an eye specialist and an ear specialist come down from Rome on certain Sundays for the worst cases. Throat trouble, however, seems to be the least of their worries for only one case of tonsils was found in one hundred examinations. Eye trouble is not unusual and the teeth are about the same as the teeth of children of the same grade at home. That rather surprised us for the food is extremely simple, practically no meat and no sweets,

a good deal of starch and green stuff and eggs, little or no milk. There does not seem to be any reason for the poor teeth, but they are present.

The families in Sezze, like Italian families everywhere, frequently live in one large room. If the room is on the ground floor it is entered through a large double door and has no windows. The furniture is usually one large bed, a stove, a table, two or three chairs, and possibly a wooden chest. If the family is a bit more prosperous there is a second bed and some copper-ware and kitchen utensils hang on the wall. At night the entire family, and perhaps a goat or donkey, some pigeons or chickens, go into this room. The door is closed and they sleep this way until morning. There is frequently a transom over the door in which there is no glass, just an iron grating and this is all the ventilation the room gets. Of course, the family lives on the door-step or in the street all day long but if our theories of feeding of children and fresh air for everybody are correct the Italian children should be anemic, delicate and extremely unpleasant looking. As a matter of fact, they are more often than not fat, pink-cheeked, and straight as arrows. I have seen some rickets but no more than I would have seen at home; but the nurses who have worked a great deal in the country districts tell me that it is very common.

The houses of the well-to-do have running water. The homes of district patients, however, get all their water from the fountains in the public squares or at street corners. The women or older girls, from eleven years up, get it in copper-ware urns or earthenware pots which they carry on their heads as easily as we wear our hats. In fact, the amount of stuff that the average Italian peasant carries on her head is unbelievable. I have seen them carrying flat trays full of wet laundry, wrung dry of course, but nevertheless very heavy-looking, without even steadying the tray. Yesterday I saw an old woman who carried first a huge basket, quite as large and half as high as an old clothes basket, full of onions and some kind of lettuce. On this was placed a basket half as large with more onions and green stuff in it and on that was a bag that looked as though it might have contained fully half a bushel of grain. I saw her pass our pension while I was waiting for a car. I saw her fifteen minutes later, fully eight blocks away. She did condescend to steady this load with one hand. If we had seen this load carried by a donkey in Chicago we would have sent for the "Cruelty to Animals" agent. The peasant women age very

THE FAMILY MILK SUPPLY. THIS GOAT GIVES TWO QUARTS A DAY. IN THE SMALL PLACES THE GOATS ARE MILKED AT THE CUSTOMER'S DOOR

WASH HOUSE, SEZZE. THIS IS VERY MODERN. A LOW STONE FOUNTAIN OR TROUGH BY THE ROADSIDE IS MORE FREQUENTLY SEEN. THE WOMEN HAVE A CHANCE TO SLIP DOWN HERE TO SPEND THE DAY

CARRYING WATER FROM THE FOUNTAIN

HEAD AS EXPRESS WAGON

rapidly here, so I can't imagine how old this particular woman was but she could not have been under fifty-five and as a first guess I might have said sixty-five. No one thinks anything of it and all the peasant women seem to do it. The men do not carry anything more than they have to. They pile their stuff on donkeys and usually get on top of the load themselves.

In Sezze we found that over 800 young men had left the town to serve in the Italian army and that 80 were serving in the American army. As we stood on the hill-top and looked out over the country we were shown twenty or thirty small stone houses dotted here and there on neighboring hills. We were told that they had been built or were being built by returned Americans. One duty which has fallen to Miss Fraser is the writing of letters to sons in America and in the American army. She has learned enough Italian, so that she makes herself understood, and she understands a great deal more and the people consider this part of her work the most wonderful of all. She has been much pleased with them, for this little town has put in so many improvements and has done so much cleaning up at her suggestion without any financial assistance from the Red Cross to speak of. For every lire of assistance, Sezze has surely spent fifty.

If the rural nurses at home are inclined to get discouraged or if they think that nurses in the Kentucky or Tennessee mountains have a difficult task, ask them what they would do if they were four miles up in the air, four miles from the nearest daily train and four hours from the nearest city, which is Rome, working among people who speak only a dialect of their own language. Two returned emigrants speak a little English. The Red Cross nurses who have gone to Sezze have all faced this situation and they have left behind them such good work that the town will always be the richer for having had them.

We flew back to Rome late in the afternoon. I say flew deservedly, for I think we must have travelled not less than fifty miles an hour over part of the road. We had a wonderful driver but I was not the least bit sorry to stop before my own pension.

Sezze is only a taste of some of the good work that has been done in Italy and I shall see all of it. I can't tell you how glad I am that I am able to join the Commission before it breaks up and that I am going to be one of the fortunate few left behind to help complete this part of its good work.

TRANSLATION OF POSTER ISSUED BY THE COMMUNE OR CITY COUNCIL OF SEZZE, ITALY, IN RECOGNITION OF WORK DONE BY RED CROSS REPRESENATIVES.

Italy has many newspapers but everywhere, even in Rome, it announces news of public interest—war, victories, meetings, taxes, parades, politics, etc.—by means of huge posters (two by four feet), black print on white, yellow, green, or pink paper, pasted on walls of churches and other buildings. There are no fences and yards on the streets, all the houses come to the edge of the sidewalk. The following is a copy of a poster pasted out in Sezze after the influenza:

Citizens:

You know better than we do how many hundreds and hundreds of children were abandoned—left to themselves in the streets, especially after our entrance into the war and after the closing of our schools. It was urgently necessary to provide for them, and so an Asilo (or Kindergarten) for fathering the poorest children of the soldiers at the front, was established under the protection of our Municipal Committee. But however necessary and useful this Asilo was, it did not entirely fill the gap.

It was then, that spontaneously, like charming butterflies, there appeared in our midst the members of the American Red Cross, Inspectresses of the District of Lazio, Mrs. Tuccimei and Miss Anderson Smith, to take part in our work, enlarging its scope by giving the daily ration for the schools of the town and country-side, and presenting at the same time with lavish generosity, foods of all sorts, milk, fats, and utensils, with a daily expense account of about 700 lire ($116.00).

When the epidemic of Spanish fever broke out, these two returned to our midst, and later, and as a final touch, a most skillful nurse, Miss Kamerer, and an eminent doctor, Lieutenant Leeper, bringing with them supplies for the hospitals, beds, sheets, blankets, medicine and a great quantity of food stuffs, both of whom assumed immediate charge of and responsibility for the hospital.

And so, in spite of the war, whose source was barbarism, and while we were nearing the just solution of it, through the immense contribution sent by America and her President (greatest and most illustrious exponent of the rights of the people), the epidemic was being strenuously fought by those American citizens, sublime missionaries of good towards mankind.

In the face of such great generosity, our hearts beat with profound admiration and gratitude towards them and the entire town has proved its own feelings by its spiritual solidarity.

To show that all of us know how to appreciate the true value of this work of self-sacrifice and civilization, we must offer our coöperation and personal help, as indeed, one group of active citizens has already done.

Let us therefore respond to this call and show ourselves worthy.

Long live Wilson!

Long live the American Red Cross!

(Signed) THE CITY COUNCIL.

THE INTERNATIONAL RED CROSS CONFERENCE IN FRANCE

We have received from Miss Julia C. Stimson the following Preliminary Report of the Nursing Committee of the Committee of Red Cross Societies, which has recently been holding conference in France. Our readers will recall that Miss Lillian D. Wald left the United States at the end of March in order to serve as representative of the Federal Children's Bureau at this International Conference at Cannes. The Preliminary Report of the Committee was made previous to Miss Wald's arrival, and revised resolutions were prepared after she joined the meeting. The resolutions are given here according to the revised form, in Section B.

Miss Stimson, in forwarding the report, says: "In addition to preparing these resolutions each national group prepared a résumé of the more important existing nursing organizations in its own country and these résumés were exchanged, so that each delegate returned to her country much more informed of the nursing situation of the other countries than she had been before the meeting."

PRELIMINARY REPORT, NURSING COMMITTEE

Under the auspices of the Committee of the Red Cross Societies the following representatives of the nursing profession were invited by their respective national Red Cross Societies to attend the conference at Cannes in order to form a Nursing Committee: Miss Julia C. Stimson (Chairman), Director Nursing Service, A. E. F.; Miss A. W. Gill, Matron of the Royal Infirmary, Edinburgh; Miss A. Lloyd Still, Matron of St. Thomas' Hospital, London; and, in the unavoidable absence of Miss Delano, Miss Carrie M. Hall, Chief Nurse, A. R. C. in France; together with Professor Amelia Anselmi Maletesta, Secretary to the Ispettrice Generale dele Infermiere Volonteria Croce Rossa Italiana (S. R. R. Duchessa d'Aosta), Contessa Nerina Gigliuccu, Infermiere Volonteria, Croce Rossa Italiana; and Countess Roussy de Sales, of the French Red Cross (Secours aux Blessés Militaires).

At the first meeting on April 2nd, in the absence of the full number of delegates, the Committee coöpted the following: Dr. William H. Welch, Dr. Samuel Hamill, and Mr. Henry Morgenthau.

In presenting their report the Committee wish first to state that they are in entire sympathy with the program of the Committee of Red Cross Societies for extending and broadening the

activities of the Red Cross in time of peace and utilizing for this purpose the vast machinery at their command.

(NOTE: The report which follows has been prepared on the lines suggested by the Executive Committee.)

A. More Important Existing Nursing Organizations:

In regard to International and National organizations both official and voluntary, the field is so vast and available information so inadequate that it is thought best that the preparation of such a survey of the position be postponed, subject to the consideration of a larger and more representative gathering.

B. Indications for International Red Cross Action:

Because of the impossibility of assembling at Cannes any number of nurses qualified to make pronouncements on the functions of trained Public Health Nurses in the programs to be developed under the Association of Red Cross Societies of the different countries, the committee of nurses offers the following resolutions, which, it is requested, are to be considered as preliminary to a more complete set of resolutions, recommendations and program to be presented at another time.

Recognizing the importance of adequate training of nurses to enable them to perform their part in carrying out the various programs for the education of the people, in all matters relating to health and sickness, particularly in their homes, we recommend the following:

1. The establishment in the proposed Central International Red Cross Bureau of a department of nursing.
2. To establish an intelligence centre for the collection, analysis, publication and distribution of information pertaining to nursing and women's work in public health—such as tuberculosis, infant welfare, prevention of blindness, pre-natal care, social service in hospitals, factories, etc.
3. To undertake propaganda in countries or sections of countries where trained sick nursing and public health nursing are not as yet developed.
4. To seek out in these places suitable personnel for training both in the care of the sick and the prevention of illness, that such personnel may return to their own localities competent to serve and inaugurate nursing movements.
5. To bring together in conference nurses and public health workers from all countries in order that irreducible minimum standards may be established as soon as possible.
6. To establish immediately a system of scholarships that will make it possible for trained nurses to receive necessary supplementary education in order to qualify to serve the public and to act as teachers.
7. To make available for hospital training schools, for physicians and

the public the facts related to this subject, that there may be widespread intelligence, to the end that existing training schools may be adjusted to meet the requirments of the Public Health Nurses or that special schools may be established to educate women for this great opportunity for service open to them throughout the world.

C. Utilization of Existing Red Cross Assets:

It is recognized that the Red Cross at the present time is in possession of a very valuable asset in existing personnel. This personnel includes:

1. Fully trained professional nurses.
2. In France and Italy, volunteer trained nurses.
3. Untrained and partially trained workers, known in America as Nurses' Aids (under the Red Cross), and social workers; and in England as V. A. D.'s (under the Red Cross); Special Military Probationers, and Health Visitors; and in France and Italy as Auxiliary Nurses.

The work of the trained nurse and her value to medical men in all forms of humanitarian and public health work need not be enlarged on here, as it is well recognized, but it may be pointed out that the great service which the trained nurse has been in a position to render during the war has brought nursing into a prominence which years of peace had not given it. We would emphasize the fact that the high standard of nursing which has been attained is not of recent growth, but is the result of years of systematic training, and that it is this structure which made possible the success of the untrained worker during the recent crisis.

The value of the V. A. D.'s and Nurses' Aids has been fully demonstrated—many of them have had considerable experience in nursing in army hospitals, and their work has been beyond praise.

In any of the developments now under consideration by the Committee of Red Cross Societies each National Organization would doubtless make the fullest use of their existing personnel, and in view of the great developments in all public health departments which may be expected to take place in the near future, it is desirable that every facility for training in public health and social welfare work should be afforded both to the trained and untrained women, large numbers of whom are at the present time being released from war work, and whose interest might be diverted into these channels. This applies more especially to those Red Cross workers whose circumstances after the war will necessitate their taking up some regular occupation.

D. Permanent Red Cross Nursing Organizations:

1. *International.* It is recommended that in connection with the proposed International Red Cross Bureau there be a section of Department of Nursing, with a resident Secretary, who shall be a representative of the nursing profession. The probable duties of such a secretary are indicated under paragraph B.

2. *National.* It is recommended that in addition to their present duties National Red Cross organizations keep permanent registers of trained nurses available for any national or local emergency, and that they also keep registers of Red Cross workers, with data of their experience, for similar service.

In conclusion, we feel that many of the subjects which have been under discussion are very far-reaching and must necessarily affect large bodies of workers, and that therefore no decisions should be arrived at by a few individuals, but that these subjects should be referred to a larger and more representative body of professional women, and should preferably be considered after the Committee of Red Cross Societies has concluded its deliberations and outlined the future activities of the International Committee, as it is desirable to know what fresh opportunities will be opened up for nurses and other health workers.

We would suggest that the most pressing subjects for discussion are:

1. The utility of the Trained Nurse for Public Health work.
2. The possible shortage of nurses for this class of work and how the shortage can be made good.
3. Whether it is necessary for all health workers to be fully trained nurses.
4. Special courses of training in public health work for nurses and others.
5. Scholarships and other forms of assistance.

Juila C. Stimson, Chairman, Committee on Nursing.

THE VARIED HEALTH PROBLEMS OF OUR MANY STATES

MONTANA.*

In traveling across our vast continent even the most careless observer must be struck by the great difference of aspect between the various sections of the country—difference in topography, difference in cultivation, difference in density of population and difference in type of civilization.

The densely populated East, with its large cities, its factories, its smoking furnaces, its small farms, must offer very different health problems from those to be found in the wide and sparsely populated West, with its vast grazing areas, its rugged mountains, its smaller cities, and its isolated ranches.

Last month we outlined health conditions in New Mexico, as illustrative of that section of the country lying in the South-Western part of the United States; this month we will take up conditions in Montana, as typical of a large part of the North-West.

Montana is a young and largely rural State and was practically uninhabited until 1862, when gold was first discovered. In 1864 it was made a Territory of the United States, but it was not until 1889 that it was admitted into the Union as a State. In the early settlement of the West the section now known as Montana was largely overlooked. The main Oregon trail passed south of its boundaries. Those who travelled westward had their faces set toward the Pacific Coast and were anxious to reach their journey's end; few turned aside or were attracted by the wide-sweeping plains and rugged, inhospitable country lying north. It was a wild and desolate region, and though the Indians called it "The Land of the Shining Mountains" because of the snow-covered ranges, there was little except the fur trade to attract the white man.

"The history of the country has been the history of the Sioux Indians and early explorers; of hunters and fur traders in the days not so very long ago when the bison ranged the prairies; then of a few ranch men scattered at great distances: of great herds of cattle and sheep, succeeding the wild buffaloes; and of the famous

*This article is largely based on a very interesting report recently published by the U. S. Children's Bureau, on "Maternity Care and the Welfare of Young Children in a Homesteading County in Montana," by Viola I. Paradise. (Rural Child Welfare Series No. 3.) Illustrations by courtesy of the U. S. Children's Bureau.

cowboy; then of the coming of the dry farmer with his hated fences; and of the crowding out of the open-range cattlemen and the substitution of the homesteader."

The State of Montana with its tremendous area affords many types of rural country, ranging from rich and fertile irrigated farm valleys to uncultivated grazing plains and the "dry land of the homesteader country." The total population of this vast State of 145,310 square miles is only 376,053 (1910), or about 2.58 individuals to the square mile. Compare this with the 410 individuals

A VILLAGE ON THE PLAINS

to the square mile in Massachusetts. There are few large cities, Butte, with a population of 89,000 (1910), being the largest. Most of the towns have only a few hundred inhabitants, and many thousands of the people live on the great ranches or isolated homesteads, far removed even from these little towns. It is these rural districts, therefore, that concern us the most when considering special health problems, and especially the wide plains where so many good Americans are now homesteading and living a pioneer life quite as truly as did their ancestors in the last two or three hundred years ago.

The homesteading country "varies greatly in appearance, but always there are tremendous, almost incredible distances. The

great, wild, rugged, sweeping plains,—broken by buttes of many shapes ***** Frequently there are outcroppings of rock fantastic in shape, the result of erosion or of wind sculpture. Scrub growths of bluish gray-green sagebrush mottle the prairie ****** again there are stretches with no grass but the sparse, sear wild hay, or buffalo grass ****** this buffalo grass, which grows hardily in spite of the worst droughts, is more highly prized by cattlemen than any crops at present cultivated."

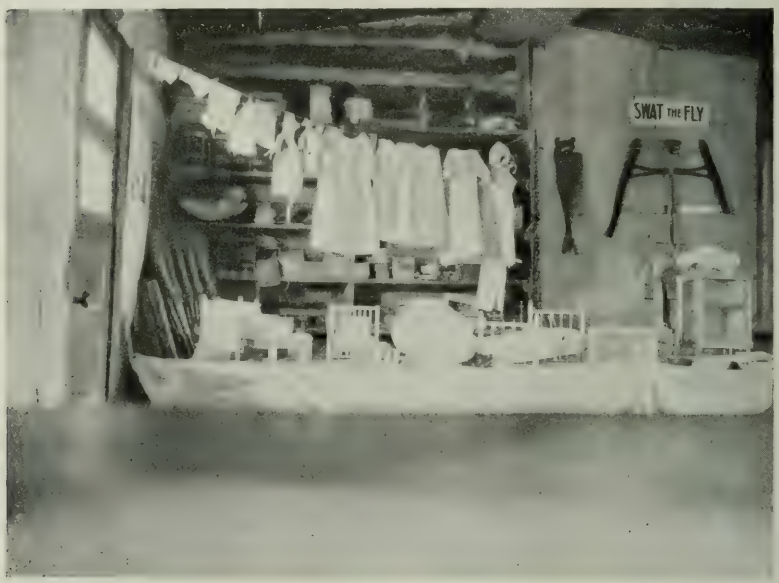
Much of the country, except along the streams, where the cottonwood abounds, is treeless. "An occasional little tar-paper shack or "soddie" of some homesteader, or a log house, or a sheep herder's

MONTANA LOG HOUSE IN HILL CREEK

white covered wagon on these sweeping plains and hills accents the wild vastness of earth and sky ***** Sometimes one can drive great distances and see no sign of human habitation and no sign of animal life except a flock of sage hens, or a prairie-dog town, or a coyote, or, less often, a bobcat, or some antelopes." In many parts of the country "the roads are nothing but wagon trails, in some instances following the old buffalo trails to water **** There are many stretches of gumbo road which in wet weather are impassable on uneven ground, and even on comparatively level ground a car or wagon slithers around dangerously."

Strange to say, in this new and pioneer country "automobiles are becoming fairly common, though the great majority of people still must depend on horses **** Frequently cars are purchased before other necessities. Sometimes a family of five or six will postpone adding a room to a one or two-room shack in order to use the money this would take to buy a car." For an extra room they look upon as a luxury, whereas a car in these isolated regions is a necessity and often a business investment.

"In this country of tremendous distances and sparse population it would seem that everybody might have those health re-



CHILDREN'S HEALTH CONFERENCE EXHIBIT IN A TINY COUNTRY POST OFFICE AND STORE

quisites so often urged by public health experts—plenty of room and fresh air. Yet small and crowded houses are the rule ***** To be sure, the fact that in good weather the children have all outdoors to play in, and that, except for the mothers, the members of the family spend much of their time out of doors, counteracts to some extent the evils of overcrowding." The houses built by these homesteaders vary in type, but all are small, dark and crowded. There are the log houses—*dug-outs*—"tar-paper shacks (a light frame structure covered with tar-paper to keep the wind out), the sod houses (made by cutting oblong chunks of sod and piling them on top of one another to form the walls), and the

gumbo houses (made of the fine gumbo clay so common in certain areas and much like the adobe houses found further south)".

The sanitary condition of these primitive houses leaves much to be desired. Flies during the hot summer are a great nuisance. The infrequency of sinks aggravates the fly evil, for many women

THE FATHER OF THIS BABY HAS TAKEN THE PRECAUTION OF FENCING THE ROOF OF THE DUGOUT AGAINST CATTLE

throw the waste water out of their doors, and the unscreened privies offer a prolific breeding place and doubtless increase the nuisance.

One of the greatest menaces to the public health in the dry regions of the State is the water supply. Water, except along the rivers, is scarce and hard to get. Often the homesteader has to go a quarter of a mile or more for all the water for his family and stock; sometimes even as far as two or three miles. Well-drilling is expensive, and therefore the prevailing type is the dug well, usually unprotected against surface drainage; and being

often shallow it dries up during the hot weather. Those people who live near the rivers are not much better off from a sanitary point of view, for they drink the river water raw, and in the winter melt the ice or snow. Because the country is new and sparsely settled few serious results have as yet followed the lack of caution in regard to water, but lately a few cases of typhoid fever have been reported from certain backward portions of the State and it is certain that, unless active measures are soon taken to improve the water supply, with increased population disease will increase.

As we have already stated, much of Montana is used for grazing purposes, both for sheep and cattle, yet "most of the cattle are bred for beef, there being practically no dairying *** Only a small proportion of the families who have cattle milk even one cow for their own use ****** This situation is hard for an outsider to understand even if he is told the difficulties of keeping a milch cow. Such a cow ought not to be allowed to range with the herd, because the calves would milk her; she would, therefore, have to be kept in a separate field; this would entail the expense of fencing and also of buying feed." In these regions, with hundreds of cows ranging in sight of the homes, the people depend almost entirely upon canned milk.

Fortunately for the homesteaders in Montana the climate is very healthy. The altitude is high and "the dry, clear atmosphere is very invigorating except in the extremely hot or cold weather"; "most of the infants and young children impress one as unusually healthy and sturdy; nevertheless, the infant mortality rate is high" as also is the maternity death rate.

From this brief outline of conditions in rural Montana one can easily imagine what hardship and suffering must be endured by the homesteader's family when illness invades the little home, or accident befalls. The people often live from 10 to 100 miles from any doctor; the bad roads and great distances make it almost impossible to secure medical care; the small and crowded dugouts, shacks and other pioneer homes make sanitary conditions bad; the lack of fresh milk is a dangerous lack in a child's diet; and the often polluted drinking water is a constant menace to health. "Because medical care is so inaccessible and because there are no Public Health Nurses to whom people can turn for advice, mothers are often driven to the use of home remedies or to the counsel of neighbors. These neighbors are often as uninformed

about child care, first aid, and home nursing as the mothers themselves."

Here, then, is a field where the Public Health Nurse could find a great work awaiting her. Fortunately Montana has a law which makes it possible for counties and school boards to use public money for the employment of Public Health Nurses. Several county nurses are already at work in Montana and it is hoped that before long each of these isolated regions will have its nurse and that health instruction, first aid and home nursing will be available for our pioneer families in the far West, as for the denizen of our crowded cities in the East. The Children's Bureau feels that each nurse in these isolated regions would need an automobile in order to cover her district, and that when money is appropriated for a salary a sufficient sum for the purchase and running expenses of an automobile should also be appropriated. Her work would probably include home visiting for both instructive and bedside care, besides "holding, at the village or country schoolhouses, consultations in infant care and prenatal care; lectures on home care of the sick, and the examination of school children."

This would mean a "full day," but I fancy there would be much of human interest to be found in these simple frontier homes, and that the free life and close touch with nature—even a wild and sometimes rugged nature—would give much that the more conventional life in our cities lacks.

The observation of children is more keen than one would sometimes realize, as the following story illustrates: Two nurses went into a home. One bathed Johnnie, the year old baby, she also cleaned and trimmed his nails. The other nurse bathed Richard, the four year old boy. Both nurses were preparing to leave, when Richard came into the room with a wooden ruler with which he was attempting to clean his nails. His nurse had neglected to do as much for him as Johnnie's nurse had done for Johnnie!

ANNUAL MEETING OF THE NATIONAL CONFERENCE OF SOCIAL WORK

BY BESSIE A. HAASIS

EDITOR'S NOTE: The Annual Meeting of the National Conference of Social Work is, of course, of great interest to Public Health Nurses, and this year, on account of the fact that there is no joint meeting of the national nursing organizations, many such nurses from all parts of the country, have made this conference their opportunity for enlarging their knowledge of health and social problems through the excellent program provided and the opportunity offered to meet and discuss many topics in which, as Public Health Nurses, they have a vital share. The Section on Health, with Prof. Winslow as Chairman, offered a program of especial interest to our own group, and we are fortunate in being able to give our readers the benefit of the following very valuable notes on the meetings of this Section and also of several other meetings which Mrs. Haasis, the Secretary of the Health Section, was able to attend. As there are ten Sections of the Conference, and six to ten meetings were running concurrently, it would, of course, be impossible to attempt in any way to cover the meetings of the Conference as a whole.

Opening Meeting.

The National Conference of Social Work opened at Atlantic City on June 1st, with an evening meeting, which commenced with community singing. The opening address was made by Miss Julia Lathrop, the President of the Conference. Miss Lathrop told of the recent conferences of representatives of children's interests of all the leading countries, and of their formulation of the minimum standards for childhood—not as a goal to be worked for but as a point to be worked from; she spoke also of the plan of the Children's Bureau and its hope to cover the United States with a net work of Public Health Nurses, that no woman at childbirth and after need suffer from sheer isolation and that the frightful death rate of mothers and babies might be cut down. Miss Lathrop described the Bureau's efforts to join with all other forces for the irradication of illiteracy, and of its interest in the better distribution of the wealth of the country. To the end of these reforms, she pointed out, we must all be willing to endure more taxation if need be, as England has done in passing her law putting *every* child, even the rural child worker, in school till 14 and in continuation school until 18.

Mrs. Eleanor Barton, one of the international delegates, representing the Woman's Coöperative Guild, told of the years when social workers, capitalists and others, working from the top down, had striven for better conditions, but now the women in the homes, the

wives and mothers of the middle and poorer classes have organized and are telling what they need to rear better children. They are wielding an enormous influence and the tale of legislation shows that their tale is being attended to. They are asking a nation-wide system of Public Health Nurses, municipal systems of midwives, grants of money and household helpers to women at and after confinement, milk to necessitous cases; and they are also helping on the Education Bill. They realize that to rear healthy children they must have better housing, and that is coming, too. Mrs. Barton might be described as "a plain little body," but she is full of fire and the good sense and power that come with real intimacy with the situation.

Dr. Réné Sand, of Belgium, captured all with his smile and simple "My country thanks you," when the whole vast audience rose to greet him. Knowing the cruel things the war has done to Belgium it was especially gratifying to hear from him that it has expanded Belgium's child welfare efforts beyond all imagination; before the war there were 70 children's clinics, now there are 700. Every day all through the war every Belgian school child had a nourishing lunch given him, and the custom will not be dropped. Belgium has now a Government Children's Bureau which has even more power than that of the United States—it is going to see that there is a baby clinic in every village and that every baby has a square deal. In speaking of doctors and social progress Dr. Sand brought down the house by saying that as a rule they shied off from case work, fearing it was too human to be scientific. It was interesting to hear him say, however, that the great London Hospital has given up its system of visiting physicians and will hereafter have resident physicians who will also be responsible for the health of the neighborhood, and internes who will be sent out to care for the poor in their *homes,* as well as for those who happen to enter the hospital doors. Dr. Sand closed with a most telling statement, which gives the slogan for all public health work, namely that "The utilization of science has not kept pace with its advance."

Community Organization.

At a meeting on Community Organization it was made clear that, while the history of social effort up to the beginning of the war was a history of isolated or somewhat related attacks on single or related evils, with organization for each, since the war the tendency is to bring these organizations together into an organic or at least harmonious unit, presenting one solid front to community problems and attacking them more or less in unison, and *after* a concerted com-

munity study and community plan are worked out. An interesting plan in Bridgeport was described, where there is now a Community Council for Social Service, consisting of the mayor, heads of all city departments and heads of all voluntary civic and social agencies. The question was raised whether such community councils ought to head up under government officials (mayors, etc.). Mr. Phillips, of Cincinnati, said that the war showed that while Government was not competent *alone* to carry on all that needed to be done for people (as shown by orgainzation of the Council of Defense, etc.) and had to call in experts, volunteers, etc., there was great strength due to the fact that it was *all* headed up under Government, and that wherever it was at all possible it was best to put such leadership in community work up to duly elected authorities.

An undertone sounded at this meeting, and became even an overtone at a later one, that such community enterprises could only express *true progress* on the part of the community when they were not assisted either by expert advice or by financial help from without. Mr. John Collier spoke most eloquently of the Mitchell administration (probably the best New York has ever had), which met overwhelming defeat at the last election just because it had done so many splendid things *for* the people of New York—had caused them to be done by experts in each line—and just because the action had been too far in advance of, and not in response to, the will of the people, it had been defeated. Now, while a reactionary administration is in, they have encouraged the Community Council idea and the people are beginning to progress in thought; no experts are doing *for* them, there is not a dollar of subsidy, and there is a more normal growth of the *whole people* toward new ideas. It was made clear that while temporary and apparent advance may be faster with outside imposed advice, and sometimes money, real advance is more lasting when it comes slowly and entirely from change of conviction from *within* the community.

Social Insurance.

On June 3rd a very interesting meeting on Social Insurance was held. The principal speaker was Dr. John A. Lapp, of the Health and Old Age Insurance Commission, Columbus, and the gist of his remarks and of the discussion were as follows: Insurance is warrantable whenever a risk is measurable. We know that the risk from sickness is measureable and insurance is needed as a shock absorber, to take the blow from the individual and distribute it over the whole body. Experience has taught us that 20 per cent, of all working

men are sick each year. Each will lose on an average 9 days during any year; this, if continued, leads to the breakdown of the family economic strength. Thirty-five to fifty per cent. of all chattel loans are given on account of sickness. By recent study in Baltimore it was found that of 8,000 cases cared for by the Associated Charities fifty per cent. had been brought to need by sickness. Social insurance is not a question of caring for the very poor: a person must first have health in order to insure it, just as he must have property to insure that.

Present plans provide for two kinds of carriers for this risk: the employers' own funds, which under certain limitations are allowed to carry the risk, and the State. To do any real good in time of sickness of a wage earner we must have cash benefits and also adequate medical care—neither, alone, can keep the family from ultimate want. The fault of many present mutual benefit societies, etc., is that they provide the one without the other. Socialized medicine is being proposed by some as the solution for the problem. That would provide medical care at the expense of the State, but would not provide the cash benefit. The great question in the past has been, Should insurance be compulsory? And that is the cause for much opposition, especially from organized labor. But all government rests on some compulsion when it is for the good of all. Voluntary insurance costs from two to three times as much as compulsory, and usually fails to reach those who most need it, leaving the old problem of relief. Almost all burial insurance societies, casualty companies, workmen's compensation companies, etc., show receipts from two to three times the amounts paid out in a year. The Ohio scheme for State insurance shows a cost of management of only from 3 per cent. to 5 per cent. of the amounts paid out. The New York bill, which almost passed, being only strangled in the rules committee, though the governor and both houses favored it, had the hearty support of labor interests. Many who oppose health insurance offer as a substitute preventive measures. Preventive measures can never take the place of health insurance, and we can be sure that health insurance will bring a great wave of preventive measures, just as in England the Ministry of Health has been almost an immediate result of the system of state health insurance.

Americanization.

In the evening there was a meeting in the interests of Americanization. A splendid speech from Juliet Peyntz, of the International Ladies Garment Workers' Union, told of how labor union groups

are uniting for educational work in physical, cultural and recreational advancement. A worker from the Y. W. C. A. provided characteristic dancing and singing by groups of children and young people of the various Spanish speaking countries, in costume.

Professor Miller, of Oberlin, gave a wonderful talk on the Treatment of Immigrant Heritages. He said that practically all immigrants, with the exception of the Scandinavians, come to us with a long history of oppression and with a consequent state of mind resistant to all imposition of standards other than their own. This makes them hyper-sensitive to any ramming of Americanization down their throats. In their own homes their own languages have been suppressed as a means of political suppression; therefore, we should not put so much emphasis on making them learn American, except in so far as we can show them that it is to their advantage to learn our tongue so as to avoid exploitation and for their own good. This hyper-sensitiveness is the reason why many of them are radicals—they have, through decades or centuries of repression become chronic resistants to the established order, without too much scrutiny of what the new order is. We should conserve their foreign language press, as it is the best method of getting to them the new ideas of the world and the day. We should introduce into our Universities courses in the history and language of many of the foreign nationalities.

Industrial and Economic Conditions.

This was an evening meeting, and the first speaker was Mrs. Florence Kelley, who is just back from abroad and who told of the terrible starvation of little children in all countries east of Switzerland.

Mrs. Barton also spoke, her subject being the coöperative movement in England in which women are taking a large part. She described the system of coöperative stores, where profits are shared, every worker is paid a decent wage, and every effort is being made to do away with the sweated industries. Men and women vote alike in these bodies, and slowly the women are being elected to more and more important offices. Besides the stores, there are women's auxiliaries, which are like very democratic women's clubs, where the women are discussing everything that concerns the home, housing, taxation of food, nursing care, school teachers' salaries, boys and girls in industry. The coöperative movement is giving English women bread, and more—they are gaining through it the power to think and the opportunity to think and act on all the matters of government that

concerns them. Mrs. Barton is a splendid little speaker, and when she said, "We cannot live on bread alone—we want roses, too, and roses for everybody," we realized what a power in the England of tomorrow is going to be this union of all women for "bread and roses."

The last speaker was Dr. James Warbasse, the exponent of the coöperative movement in America. He gave some interesting facts about the movement in other countries than England, and especially in America. He told of the coöperative movement in Belgium, where the profits of the stores are not turned back to the consumers, but are used for social enterprises for them—halls for music, medical and nursing care, old age pensions, etc. There are now about 3,000 societies in the United States, with a central organization and standards, etc.

MEETINGS OF THE HEALTH SECTION

The first meeting of the Health Section was held on June 4th, about 400 people attending. The general topic for the week was *The Standard of Living.*

Tuberculosis and the Standard of Living.

Dr. Charles J. Hatfield gave some very interesting statistics on the cost of a case to its family, to the community, etc. He showed that, if Professor Fisher's computations are right, the United States loses more money each year through tuberculosis than the whole cost of the war.

Mr. Bailey B. Burritt, of the Association for Improving the Condition of the Poor, New York, gave a splendid paper on much the same topic, but with quite different treatment. He began by saying that of the families cared for by the A. I. C. P., 50 per cent. were dependent on account of tuberculosis of the wage earner. Of the rest, most of which were widow's families, half had lost their breadwinners through tuberculosis. Mr. Burritt made the interesting statement that there was no evidence to show that tuberculosis decreased as the wage scale increased; this is because an increase in wages does not always mean better standards of living. He told of 50 families which the Association had cared for, providing a reasonable *minimum* income, but also medical and nursing supervision, in which the resulting health of the family had been surprisingly good. He stated that, in addition to adequate income a family must have adequate knowledge and the willingness to use it, if health is to be

preserved. Income alone does not insure health. Medical and nursing provision must include prenatal, infant care, pre-school and school care, etc. Defects must be corrected, and *early*.

The Standard of Living and Medical and Nursing Care.

Dr. Lee K. Frankel, of the Metropolitan Life Insurance Company, gave a paper at this meeting, in which he outlined the results of several studies made by the U. S. Department of Labor Statistics, showing that the average American family with an income under $1,250, expends about $40.00 for doctor, nurse and dentistry. This amount tends to increase as the income increases and decreases with the income, showing that it is not really in proportion to the *need*. Realizing that every person loses on an average of 7 days a year through disabling sickness, and counting five to a family, this means 35 sickness days to a family. Counting on a visit every other day at a cost of $2.00 a visit, the doctor would cost about $35.00. Counting the average for dentistry at $10.00 per family per year, and for nursing care $10.00, and $10.00 more for glasses, drugs, etc., it will be seen that the average family needs at least $50.00 or $75.00 a year for this sort of expenditure.

Dr. Lapp made an address in which he reiterated some of the statements made at the meeting on Social Insurance; he also called attention to the fact that while the *average* expenditure for families was $40.00 a year, this burden fell very unequally on the real families, their expenditures ranging all the way from nothing at all to over $500. It is this chance and inequality which is the reason for health insurance, so as to distribute the burden on all.

Dr. Royal M. Meeker, of the Department of Labor Statistics, whose figures both Dr. Frankel and Dr. Lapp had quoted, stated that the very fact that expenditure increased with income showed that $50.00 was not enough for the typical American family, and that even then it was totally beyond the reach of those with lower incomes. He stated that in most workingmen's families the doctor was called too late to do anything but sign the death certificate, and even that he did not do correctly. The $40.00 expenditure does not show *need*. But, of course, in the lower income groups, there are many free subsidies offered—free hospital beds, free visiting nursing, etc., which cloud the issue and make calculation difficult.

The Standard of Living and Infant Mortality.

Miss Anna Rochester, of the Children's Bureau, read a paper giving figures, which the Bureau has already published, showing the

increased rate of infant deaths exactly following the decrease in the father's income; she stated also that there is a much higher still birth and infant death rate among babies whose mothers work away from home during pregnancy than among those who do work at home.

Dr. Julius Levy, of the Child Hygiene Division of the New Jersey Department of Health, took issue with Miss Rochester, his opinion being that poverty itself is not the determining factor. He believes it is the maternal nursing and mothering which makes the difference, and poverty makes a difference only when it interferes with this. He described two wards in Newark, N. J.: one is a tenement ward, with crowded, poor people, and the baby death rate for a period of three years was 83.5. An adjoining ward is one of the most prosperous in the city, with large homes and rich people. The baby death rate there during the same three years was 87.3. In the poor ward there had been intensive infant welfare work and the social agencies of Newark had made it possible for every baby to have its mother's milk and mothering for at least the first six months. This shows that mere dollars do not insure babies' lives. Dr. Levy further stated that he believed the reason the East and South had higher baby death rates than the West and North was because there were industries in which the unskilled mother could easily work, taking her away from her baby. Dr. Levy believes heartily in the supervision of midwives, and said that in the last three years in Newark there had been a lower death rate from puerpural fever and the accidents of birth among midwife cases than among those attended by doctors and in hospitals. He stated most emphatically that our educational work with the mother must begin if possible in the prenatal period, but, if not, then surely before the baby is two weeks old, as that is the critical time. It will not do to wait until the mother is well enough to bring the baby to clinics.

Dr. Baker made the point that human mothers are the only kind in nature born with intelligence. All others have the instinct which leads them to do the right thing, but intelligence needs education.

Poverty and the Family Food Supply.

Mr. John C. Gebhart, of New York, presented a paper on Poverty and Malnutrition. He stated that one, but only one, factor in malnutrition is not having enough food, which is most often the result of poverty, but may come from improvidence or ignorance. A more constant factor is improper balance of foods, which is almost always found with low expenditure, but is the result of ignorance. Continued

economic deficiency tends to establish unfortunate food habits not found in other families—the needs of the workers being considered first, rather than those of the growing children, and some essential foods, like milk, being considered luxuries after they reach a certain price. Other factors which prevent children, even with enough food, from making the proper gains are poor housing, over-crowding, medical defects, etc., also most often found amongst the poor. Chapin's minimum for decent living 12 years ago was between $850 and $900, and since then the cost of living has risen about 80 per cent., making the decent minimum now between $1,500 and $1,800.

Miss Gillett, of the Boston Dietetic Bureau, presented a paper on Education in Food Values as a Preventive of Dietary Deficiencies. She told of a study made in Boston, where it was found that 33 per cent. of the families were spending enough to be properly fed, but were not spending it to get enough food. In families where technical terms cannot be used, it is just as well to use Prof. Sherman's good formula: "Spend as much for milk as for meat, and the same amount for fruit and vegetables."

Dr. Royal Meeker spoke of the nutritional studies which are being made under the U. S. Bureau of Labor Statistics by Prof. Wm. F. Ogburn. He stated that the figures indicate that it takes from 50 cents to 60 cents a day per man now to get 3,500 calories. Several years ago, studies in Washington, D. C., showed a cost of 38 cents. The increase in the cost of living between 1915 and 1918 had been about 60 per cent. One reason for the difference between Mr. Meeker's figures and those of Mr. Gebhart was probably that the Bureau of Labor Statistics had taken only normal families, in this country at least 5 years, of whom very few, if any, were in the dependent class, while the latter class probably furnished Mr. Gebhart's statistics.

Mr. Lunt, of Westchester, stated that he thought we ought to begin by teaching people to prepare their food better.

Mrs. C. W. Green, of Missouri, stated that the Federation of Women's Clubs had long worked on this problem and, together with the American Home Economic Association, has a bill before Congress putting food economy on the same basis with agriculture, providing home demonstration agents in each county, so that not only college girls but also the mothers in poor homes shall have instruction.

The Chairman closed the discussion by mentioning that the New Haven Visiting Nurse Association and others had found it well worth while to add visiting housekeepers to their staffs, working under an expert dietitian.

The Standard of Living and Venereal Disease.

Dr. Edgar Sydenstricker, of the U. S. Public Health Service, presented a paper entitled Economic Pressure as a Factor in Venereal Disease, in which the fact was revealed that statistics on any large numbers or with any degree of analysis on this subject are yet lacking. Impressions only are available, and we must have far more accurate data before conducting any thoroughgoing campaign of eradication. Dr. Sydenstricker then indicated some of the factors and influences that must be borne in mind in the studies that will be made. He stated that those of low income group showed a higher percentage of incidence, explainable in part at least by their exposure to conditions of cheap amusement, crowded living conditions, etc., At the same time, these same people have more monotonous lives and their very low incomes tend to the postponement of marriage.

Dr. C. C. Pierce, also of the Federal Public Health Service, presented a paper entitled The Federal Campaign Against Venereal Disease. Dr. Pierce drew attention to the fact that one of the great advances brought about by the war is a step forward at least two generations in the attitude of the public toward venereal disease. Under the Chamberlain-Kahn Bill, providing for research, coöperation with State boards of health, and control of interstate movement of cases, 44 States are now actively carrying on systematic work against venereal disease. The initial appropriation was one million dollars, apportioned to States according to their population, but from now on appropriations are made only when the States appropriate an equal amount to their subsidy from the government. Thirty-one States have provided such funds, and only two have defeated such bills. Dr. Pierce further outlined the terms under which the money is given, and spoke of the great value of the nurse in connection with the follow-up work and social service, stating that the Service believed so heartily in her value that it has arranged a special course to prepare a group of nurses for such work this summer.

Dr. Rachel Yarres, of Chicago, spoke on the Prostitute as a Social and Medical Problem. She stated that during the past centuries there had never been much progress in the abolition of prostitution because most people had felt that there was a real medical reason for her existence; within the past 15 years modern medicine has shown so much of the ghastly result of venereal disease that now for the first time there is a real medical reason, much stronger against than for, prostitution. Similarly, on the social side of the problem, we have arrested and fined prostitutes over and over again. Within

the past 15 years we have found that from 30 per cent to 50 per cent of them are mentally subnormal, and this indicates that we must diagnose their cases during childhood or early adolescence and segregate them, both for their own and other people's protection, and also that they may be self-supporting in a safe, decent way.

In the discussion that followed the papers some interesting questions were asked, among them the following:

Is it the experience of smaller cities that the combination of a venereal clinic with a health centre decreases attendance at tuberculosis or infant welfare clinics? Dr. Pierce replied that, in his opinion, the combination of a venereal clinic with a health centre should not decrease its other attendance, though provision should be made for segregating the venereal cases, both for the sake of the other cases and for proper privacy for the venereal patients.

Why are only female follow-up workers used? (Mr. Prest, of Boston, who asked the question, said that, so far as he knew, he is the only man doing that sort of work.) Dr. Pierce replied that in his experience trained nurses had proved the most successful social workers, though there was a definite field for men, too; women could reach more people.

To what extent have the doctors carried out their promises of coöperation? Dr. Pierce replied that practically all the better class doctors are reporting their cases. The practice of the rest depends absolutely upon the activity of the State boards of health. Public opinion must demand it.

Does the Public Health Service consider it necessary to examine other members of the families of infected persons? Dr. Pierce replied that the examination of the families was one of the duties of the social service nurses.

The Chairman, Prof. Winslow, asked how long training the women social workers were to have. Dr. Pierce replied that the course was to be four months in length, and was to be given to graduate nurses who had already had experience in the field work. Dr. Winslow protested against the four months students being called medical social workers, believing that they were entitled to be called Public Health Nurses, but not necessarily social workers.

The Standard of Living in Relation to Housing.

Dr. James Ford, of the U. S. Housing Corporation, presented a paper entitled Bad Housing and Ill Health, in which he discussed the various ways in which the ordinary tenement or multiple dwelling contributes to ill health and to the lowered resistance of its inhabi-

tants, particularly those with children, who need the advantage of choosing their associates and of the familiarity with nature which a garden brings.

Mr. Thomas Adams, Town Planning Adviser for the Conservation Commission in Ottawa, told of Canada's consideration of the housing question as one of the most important features of the peace program. The Federal government has made an appropriation of $25,000,000, to be loaned on a pro rata basis to the Provinces and, if possible, to be duplicated by them, to be held by them at 5 per cent interest, and repayable at any time. Though this is a Federal loan, administration rests with local boards, who are responsible to Provincial authorities, who, in turn, are responsible to Federal. Each Province must first present a general plan of housing and town planning before its allotment is given; four have already done so, and 47 municipalities have passed the necessary laws to bring them under the Act. About 20 municipalities are considering plans for acquiring land and erecting houses on a large scale. Certain minimum standards of construction are required, also of cost, sanitary equipment, rates of interest on loans, proportion of cost of land to cost of houses, etc.

Mr. Carol Aronovici told of a bill before Congress providing for the building of homes for working people, and stated that he thought it an admirable plan to have the State and municipal governments also a party to such plans, not leaving everything to the Federal government.

Standards of Living in Relation to the Health of Industry.

The first address was given by Dr. Bernard J. Newman, Consulting Hygienist of the U. S. Public Health Service. Dr. Newman said that when a governmental agency attempts to work in any field of industry there are usually two parts to the program, (1) education, and (2) punishment. In its efforts to improve the health of industrial workers the government is doing educational work, but is attemtping no penalities for violation of its recommendations: it is believed that our knowledge of insanitary conditions is too slight as yet to warrant the formulation of rules and regulations that will carry with them penalities for violation. In 1913 the Public Health Service reached the conclusion that it should undertake research into industry to determine hazards and try to measure consequences of such. The Bureaus of Agriculture, Labor and Mines had all done some research, but very little had re-

sulted; bulletins had been published, but the consequences were few. During the war, reports of delayed production caused the President to designate the Public Health Service as responsible for the health of war workers and for reducing the hazards of their respective industries. Several groups came to the conclusion that all work for the men in industry should be under one head. With the signing of the armistice this work was not diminished, but rather increased as equally necessary for peace time industry. During the war several surveys were made in various centres, such as Niagara Falls, where all the industries together asked for such investigation. Considerable research is also being carried on aside from plants themselves, such as that on air conditions, by Dr. Winslow and a corps of men at Yale. Certain tentative conclusions have already been reached, as follows:

1. In the industrial field data fundamental to the establishment of standards is knowledge of the physical condition of the workers. Physical examinations are necessary in order that the worker may be transferred as soon as his work becomes injurious to his health, and to place physically handicapped workers in such work that they will not have to compete with those who are normal.

2. Each industrial community should maintain one or more industrial clinics or institutions where the workers may get advice and treatment. This may be the fore-runner of group medicine, but for a moderate fee each worker should be able to have a examination and determine whether or not he is in need of treatment or should not continue in the work in which he is engaged.

3. In each industrial establishment there must be a medical and surgical organization to take care of the workers when ill or injured. Such organizations should be well manned, and where such exist, the days lost through sickness and injury are materially reduced.

4. Sickness in industrial plants due to occupational disease can be eliminated almost wholly, if not entirely prevented. The absence of a program against such, permits absences through sickness, and turn-overs through dissatisfaction with insanitary conditions.

The next address was by Prof. Irving Fisher, of Yale, who, Dr. Winslow said, has done perhaps more than any other one person to promote the campaign for physical health during the past 15 years, and who will probably do as much in the next fifteen in the field of psychology. Prof. Fisher spoke on Humanizing Industry, saying that one of the biggest after-war problems is that of industrial discontent; the problem is soluble, but there are many parts to a complete solution, three being of special importance: (1) The money aspect, (2) the health aspect, and (3) the psychological aspect. Many people think the entire problem is one of wages and hours: it is, but not in the way most social workers imagine. At-

tempts to lift wages by law or by labor unions or by preaching to employers will not yield substantial results; the real reason why wages are not satisfactory is not in any fault of industrial supply and demand, but in the depreciation of money: this is why it is a money rather than a wage problem. The proper solution is to make the money standard one that will not fluctuate. Labor legislation affecting health will do much for working men, in two ways: (1) By increasing their earning power, (2) by putting them in such physical fitness that discontent will not be suggested to them by their stomachs or livers. Studying the psychology strikes at the root of industrial discontent. As mental health is a part of physical health it is part of the health problem, but it is more. We need to impress on the workman and on his employer the importance of the fundamental human instincts which we must all at least partially satisfy if life is to be worth living. They are seven:

1. Self-preservation—recognized, perhaps too much.
2. Workmanship, or self-expression.
3. Self-respect.
4. Loyalty.
5. Play.
6. Love of family.
7. Worship, the idealistic impulse, to order our life according to some guiding star above mere material comfort.

The main point stressed by Dr. Fisher was that what motivates the worker is not simply the desire for wages; it is something more complex, and often he himself does not understand it. It is as if we supposed the President spoke thus to General Pershing when he gave him his last orders before sailing, "Pershing, I take it for granted that you will shirk if you can, so I am going to link up your interests and mine in your pay envelope, and you will be paid according to your success in killing Germans." Pershing would have thrown up his job. He went over to satisfy other instincts beside those of getting wages. Every workman is thus insulted every day; and as we asked Pershing to fight for idealistic motives we must ask workmen to work for idealistic motives too. We must put these motives into industry. There is a motto on the station in Washington, "Be noble, and the nobleness in others, sleeping though never dead, shall rise in majesty to meet thine own."

In response to a question as to how these principles could be applied in small groups, where there is most trouble from sanitary and industrial conditions, Dr. Newman replied that the country must work out a system of industrial clinics for small groups of

small factories. They are now reached in some parts of the country by small commercial groups of doctors who have organized; but eventually the doctor, the nurse and the social worker must be available to all. Dr. Fisher, in reference to the same question, said that, if he might point to a small factory in which he was interested, employing only 100 men, the problem is really simpler in the smaller groups, as there is not the lack of personal contact with men and foremen found in large plants, and health work can be had on the group system of factories. He thought that in a factory of 100 the hygienic conditions could be of the best, and easily the spirit of the men could be of the best.

The Final Meeting.

The last evening meeting was in charge of Dr. Winslow and came as a culmination of the discussions on the Standard of Living. Dr. Winslow's opening speech was one of his best. He pointed out that while the morale of war time could rest partially on enthusiasm or spiritual elevation, the morale of peace time must rest on a sound basis of well being. This, of course, points to the need for distributing the provisions for health to all the people, and the recognition that there is a standard of economic life below which physical health cannot be maintained. We must so reorganize society that none will fall below this standard; this must be the vision which we contribute to the rebirth of the social order.

Dr. Karl de Schweinitz, Director of the Society for Organizing Charity, of Philadelphia, read a delightful paper, drawing the comparison with our burden of poverty and sickness and the burden of Christian in "Pilgrim's Progress" He compared the book which Christian read from, to the statistics which are available to us to teach us about our burden, and showed us that our City of Destruction must be changed to a Ciy of Health and Effectiveness before Christian can lose his burden. The humor, insight and literary quality of the paper were a delightful contrast to the usual uplift literature.

Dr. Royal Meeker then spoke, and his wit and satire were a welcome relief from the seriousness of the week. He told of the studies the Bureau of Labor Statistics has been making, and the fourfold desire (1) To arrive at the actual money expenditure in typical families, and the actual quantities purchased of different things; (2) the actual quantities of food purchased; (3) to work out acceptable terms to express expenditures for furnishings,

health, insurance, etc. (4) to arrive at figures for standard budgets. All to lead to the publication twice a year of cost of living index numbers. Dr. Meeker made the interesting statement that while the actual cost of 1915 budgets in 1918 would have increased 80 per cent, in reality budgets increased only 56 per cent, showing that the American people had learned to buy more wisely. He argued strongly in favor of sickness insurance, so that those who chance to fall victims should not be obliged to accept charity of one kind or another.

Dr. Devine, perhaps the dean of social workers, closed the session with a word about future prospects. It would be difficult to reproduce either his spirit or his words, but it is his idea that we can and must by insurance eliminate at least that part of poverty which is caused by sickness.

It was a great privilege to attend the Conference, and it would be hard to think of any better expenditure of time and money for the nurse who feels swamped in her own professional and community problems, than to go to such a national gathering, where she will rub elbows with other workers from all over the country, hear the best speakers from both this country and abroad, and see her own job in its relation and proportion to the other social work of the world. The next convention is to be held in the spring of 1920 in New Orleans. It is much to be hoped that it will be at such a time that some can attend both it and the conference of national nursing organizations at Atlanta.

PAUL, THE YOUNGEST SETTLEMENT NEIGHBOR

BY ZOE LAFORGE

I was in the South early in the spring making a health survey for an unofficial business organization; and according to the terms of the agreement, I was the guest of the City Federation of Women's Clubs, which was sponsoring the campaign, for about six weeks. The time was to be divided equally between the two social settlements supported by two churches that had volunteered to make this a contribution to the cause of child welfare. The shock on discovering that the first settlement was in an unsewered section part of the city was mitigated somewhat by the fact that three weeks must inevitably come to an end.

The head resident of the second settlement related with voluble detail her difficulty in deciding whether to let me have her own room with the bathroom adjoining it at the front of the noisy house, or the quiet room at the back; her choice had been most happily made for the person who had lived without sight of a tub for three weeks. An open fire burned with comfortable warmth in the early evenings, and its glowing coals blended with dreams which later became a rejuvenating sleep. The day nursery children whose mothers brought them before going to the cotton mills, came at six o'clock, and the day's work at the settlement was begun. Indeed, it continued through the night, for the telephone hung just beyond the crevice in the wall near the fireplace, convenient to the hand of the head resident without the necessity for her leaving her room. Most of the telephone calls were for the doctor, or bore equally anxious messages. How assiduously the head resident, affectionately called Miss Nelle by all the neighbors in the cotton mill district, labored to convey the letter and the spirit of them!

A young mother was saying to her that she couldn't get the doctor, as I came in from the day's work in the city hall, gathering together from interminable records the statistics of the baby deaths in the town. Miss Nelle called me in to tell me that Mrs. Goldberg's baby, the very newest baby in the district, was sick. Mrs. Goldberg smiled shyly and asked if I would come to see the baby; she had heard I was an "expert." It was my turn to smile. She thought perhaps if I wasn't too tired maybe I would come and just look at it. Her shyness overcame her after this effort, and she blushed at her own forwardness.

The mother led the way, less than five minutes' walk from the settlement, up decrepit steps of the tiny cottage, through the first room containing two beds and a semi-circle grouped around the open fireplace. "Ma's got him," said the mother as she stepped into the room, the group breaking and edging back a step as she spoke, except the grandmother upon whose lap, stretched inert, lay the baby. His eyes were closed, the lids lying so heavily that they revealed seemingly more than they concealed and made the revelation ghastly. The tiny fingers made no response to the touch of my hand; it seemed incredible that a seven weeks old baby could have such dirty finger nails in that brief time. It was difficult to distinguish in the half light of the smoky oil lamp between the blueness of the skin and the neglect, for he had been unwashed for days. The nostrils dilated and dress fluttered with rhythmic rapidity of the hurried breathing and the lines around the mouth contrived to make this fledgling look like the primitive ancestor of the race, ages old. Every effort of the body was reduced to the paramount necessity of breathing.

"He ain't had anything to eat since yesterday morning except some onion syrup. That's good for him, ain't it nurse?" interpolated the grandmother. "The doctor said to give him a dose of paregoric for his cough, and so I give him some whenever he wakes up," explained the mother in response to my questions. She added the doctor's orders for a mustard bath. Had she given it? No, because he was quiet and then she didn't know how to give it either. Had she hot water? No, but she could get some from the neighbor. Eventually the mustard and the tub as well as the hot water came from the neighbors and the settlement house, and the bath was given in front of the open fire with an increasing audience permitted for the sake of the demonstration. The revivifying effect of the stimulating bath seemed a miracle even to me. "He is better," breathed the mother happily. Then followed the opening of windows and arrangement of pillows to protect from draft, with much urging of the baby's dire need of air; the friends must keep out of the room, the windows must be kept open, the fire must be kept burning, the baby must be left on the bed and thus helped to make the best of his fighting powers. After another hour which seemed to assure an uneventful night, I left with the promise to come in early in the morning. Once in the night I started, with the sound of a woman screaming ringing in my ears. Surely, I thought, the mother would call me if anything, the nameless thing, had happened; I would be sensible and go to

sleep again. In the morning the baby was better and I went on to the city contentedly.

When I returned at night the head resident, Miss Nelle, had heard no news other than that the baby seemed better during the day. She had promised to telephone at noon if there had been any untoward developments. At the supper table Miss Nelle had finished the brief grace asking for a blessing upon the work for the little children of the city, and had related merrily the story of the day, as though unwearied by a thousand duties and demands upon head and heart and hands, when the old negro mammy, Aunt Charity, poked her head in the door and was bade warmly to "come right in." In her wake was a small lad who murmured, frightened, that the doctor "had been, and had pronounced the baby dead and could the nurse come now." The startling message was so incredible that the boy was compelled, stammering, to repeat it as I fled from the table.

It seemed the room could not hold another person, all standing idly looking at the tiny body on the bed. As I bent over him, the breast fluttered almost imperceptibly, then stopped and marvelously started again, faintly, scarcely discernibly. The windows were shut and swinging round the circle my eye counted swiftly twelve women. "The baby isn't dead and all of you women are to get out of the room and give this baby some air." It was a battle cry; they slunk out as though their tails hung between their legs. Then the order for hot water, the tub and the mustard were given and executed with swift hands and the real battle was on. Had he strength to rally once more? Even as the doubt expressed itself, the color changed from ashy gray to blue, from blue to less blue and then hope came.

"Of course, I shall stay all night," I replied in response to the mother's timid question. My fighting blood was stirred. The order and routine of the care for the night was arranged, the starved little body was fed with a dropper with his mother's milk, and water given by the same means at intervals, his dry and crusted lips oiled, the position changed as regularly as the medicine was given. To see his body gradually, surely asserting its fighting powers and bending every energy to the one purpose of breathing was pure joy and satisfaction; life was worth living indeed. From the outer room, in darkness but for the reflected light from my lamp, in the middle of the night came the clear whispered voice of the grandmother, "Look where she's got them windows raised!" I looked and was bathed in another wave of satisfaction.

Three nights were spent with the baby and the days of work in the city were physical torture from sheer weariness, but the test of a relief watcher in the second night, whose snores had kept me awake, had steeled me to get through with it without a physical break, with the reward on the fourth morning of a very cross and hungry baby. The mother held him, feeding him and telling me his name was Lee-roy and what did I think of that? To which I replied that he had been such a splendid little fighter that I thought of him as Paul, and forthwith his name was Paul. The grandmother shuffled into the room putting her hand on my shoulder heavily, and from the fullness of her heart she spoke, "You saved the baby's life, Miss; we all'd just done quit."

DISCUSSION ON THE TRAINING AND USE OF ATTENDANTS

INSTRUCTION OF ATTENDANTS

BY FRANCES A. STONE, R.N.
Hospital and Training School Organizer

To what has appeared in the recent issues of THE PUBLIC HEALTH NURSE and the *American Journal of Nursing* in regard to the acceptance and instruction of attendants, I should like to add my testimony.

It has become a definite fact that this grade of nursing work can no longer be neglected or ignored; and as the nursing organizations throughout the country are taking up the problem, there is little doubt that there will be rapid development and that standards will soon be established, that will have far reaching results in the future.

When I decided four years ago to give my time and attention to this branch of nursing work, it was in view of the fact that such a development was inevitable. Only by organizing and directing such work as she cannot do herself can the highly educated nurse get close to the needs of the people and control the field of her duty.

The position I have occupied as Secretary of the Thomas Thompson Foundation has enabled me not only to assist in the es-

tablishment of three schools for the teaching of attendants, but also to study and assist in similar work in various parts of the country. My interest has been not only in the needs of people of moderate means in the larger cities, but still more in the needs of the small town and of the *real* country where 60 per cent of our population live and where so little has yet been done to give the help that is so sorely needed.

City and country nursing work have many points of difference; but, in the small home of moderate means, whether in city or country, when the mother of the family is incapacitated by child-birth or by sickness, and when continuous care is needed, there is neither the means nor the room for two extra women. We cannot have one doing the nursing and the other the housekeeping; we must have one woman who can keep the family going while giving care to the patient.

The work of the last 10 years has shown that attendants can do this work under graduate supervision successfully and with advantage to all concerned. But it has also been shown that in order to cover this field to the best advantage, women must be found to work under the visiting nurse and trained in such a way that they will understand and appreciate that the proper care of the home in sickness is just as important a part of good work as is the care of the patient. If this is to be accomplished, then their training must be such as to make the work of successfully running the household no incidental and secondary function; they must have a course which teaches that keeping the family properly going is just as much a test of their success and just as vital as the direct work for the patient.

It is here that present tendencies of training show a serious danger. Some of the proposed State Bills for registration or license of attendants, as well as the views of interested people, expressed at hearings, show plainly that these women are in danger of being wrongly educated for the work they are needed to do.

Among the schools for the instruction of attendants there exists a tendency towards extended hospital instruction to meet the demands of the small hospitals, and we have again the danger that the needs of the hospital will control the education of the attendant just as they have controlled the education of the graduate. As a class, the small hospital is suffering for the want of pupils and graduate nurses, and consequently the attendant is pressed into service whenever obtainable. This is to the detri-

ment of what is the very foundation of the plan of service: actual *home* care of the sick.

In the courses referred to, women selected from home life, often having had very limited education or opportunity, are required in the early part of their course to spend several months in a hospital. They more than frequently meet one of two fates. Some of them fail in this unaccustomed work, sometimes through want of education and sometimes, when no longer very young, from want of adaptability; they are thus lost from a career where they might be most useful. Others become so enamoured of hospital life where regular hours prevail and little or no house work is required that they do not return to the field of work for which they were to be educated. They become instead imitation graduates, competing with the graduate for work which the graduate can best do, and abandoning the important field where they are really needed. I have watched these results in pupils from three schools and feel convinced that the woman capable of this type of work should at the outset of her training receive her theoretical instruction in her school, where she should, if possible, be grounded in practical and efficient and economical household management. Her technique of work at the bedside can best be learned in Convalescent or Homes for Children or for the Aged, and all of her future training should be given as near as possible to her future field of work. In any case, let the character and emphasis of her training be such that she will feel that carrying the household through sickness is as much a test of her success as the work that she does for the patient alone.

It is my belief that upon this choice of methods depends our success in training attendants for supervised nursing.

WELFARE WORK IN A MILL VILLAGE

BY ANNE SELLEY, R. N.

Having been much interested in reading in THE PUBLIC HEALTH NURSE the various stories told by Industrial Nurses of their experiences, it occurs to me that perhaps the story of the work in the little mill village with which I am connected may prove interesting.

We are located on a stream on which are a number of woolen mill villages—some are a fairly good size and others small. The surrounding country is wooded and hilly and the elevation about nine hundred feet. The general health of the community is good. We are about ten miles from the nearest city.

There is a district nursing organization in the town of which this village is a part, which employs a nurse to cover an area of about sixty-five square miles and fourteen villages, with a population of about 8000.

The village in which this mill is located has a population of about 2000 people. The houses are of nearly all types, from four tenement blocks to tiny cottages,—some sections being congested —others with yards and gardens. Not all of the families are employed by the local mill, some working for mills in nearby villages and some few people coming from outside to work in this factory.

Many of the houses are owned by individuals; some are owned by the mill. Of those owned by the mill some are rather ancient and hard to keep in good condition; others are modern and comfortable.

The mill has just finished twenty-two houses, built along colonial lines and containing seven rooms and bath, and surrounded by a good plot of land which is being laid out artistically with trees and shrubs. These houses are being sold to employees on the easy payment plan.

The employees receive good wages, which were increased several times during the war period. Our business is that of manufacturing men's worsted suitings. During the war we manufactured khaki shirting and officers' uniform cloth and we employ about three hundred and seventy-five persons. A little less than a third are women.

This corporation believes in sharing its profits with its employees. The profit sharing is based on wages earned and length

of service. These profits have been paid in cash during the last three and a half years, in July and January, to all who have been employed six months or more. On these profit sharing days the employees listen to an instructive talk from our superintendent on current events, some of the past subjects being "The Reason for the War," "Wages," "Ideals in Business."

To the employees entering war service a promise of work when they returned was given and all participated in the profit sharing as if present at their ordinary duties, except that double profits were given to the men in service, by vote of the employees.

The nursing work here was started in April, 1917, for the purpose of giving first aid to sick or injured employees; friendly advice to those needing such; the oversight of the sanitary conditions on mill property and to give nursing care to any patient residing in the village. An advisory committee of five, consisting of wives of employees, was inaugurated when the nurse began her duties. The primary function of this board was to bring the nurse and the community into friendly and intelligent contact. This board also meets the nurse at monthly meetings to discuss problems and to offer suggestions for the improvement of the service.

Outside visits are paid for at the rate of 25c per visit. The fee for attending a confinement and the after care of the mother and child is $5.00. Attendance at operations 25c per hour. Emergency calls only are taken at night. A daily report of all cases attended is given to the superintendent every morning, thus enabling him to keep in close touch with sick or injured employees and so increase the "family interest."

The nurse employed is a graduate of a general hospital and has had eight years experience in visiting nurse work. She is a member of various nursing clubs and able to attend evening meetings. The uniform worn is of brown chambray with white collar and cuffs.

In April, 1917, a local Red Cross Auxiliary was formed; the mill giving the use, with light, heat and furnishings, of a large room for the work. The nurse qualified as instructor of surgical dressing and was able to give two afternoons and one evening a week to the work. A class in war time cooking was organized for a club of girls and an instructor was furnished by the State College Extension Department. The Red Cross headquarters housed the class, which gradually merged into a canning club as the season advanced, the girls doing excellent work and

showing a great deal of interest. The products canned were from home gardens. A class was also held for women.

In 1916 the mill set aside about firteen acres of land for garden purposes. The State College Extension Department sent men out to lecture and advise the employees and a local committee was elected to manage the garden work. The land was plowed and fertilized and laid off into gardens forty feet square, and rented for $3.00 per plot for the season. This covered the cost of preparing the land. A large amount of vegetables were raised and a great deal of interest and pleasure shown in the work. In fact, the manager of the co-operative store,—owned by the mill employees—said that during one month his sales consisted almost entirely of such staple articles as could not be raised and very little meat was sold, as nearly all found that it could be dispensed with while fresh vegetables were abundant.

The coöperative store has been in existence for about three and a half years and has proved to be of great assistance in lowering the prices of food-stuffs in the village.

During the spring and summer of 1918 a Little Mothers League was formed, girls of ten to sixteen being eligible. The meetings were held in the school auditorium until school closed, when the Red Cross rooms were utilized. Most of the girls learned to make beds excellently and some of the mothers reported that they found their young daughters were taking more interest in the home and were of more assistance to them than formerly. The nurse had charge of these classes.

A class in sewing is being held for girls from ten to sixteen years of age, under the auspices of the State College Extension Department. The club idea prevails and the girls are learning poise and management in conducting their own business. Some are becoming quite expert in garment making.

In the spring of 1918 a boys' pig club was formed. Thirty-five boys joined and the young pigs were bought by the mill and suitable runs erected. The boys paid for their pigs later.

To encourage thrift, arrangements were made with a bank in a nearby city to open a branch for savings in the coöperative store, the bank sending a clerk out once a week, on pay day, to receive deposits.

The employees bought liberally of Liberty Bonds, on all of the five loans.

During the fall of 1918, with the rest of the country we suffered an influenza epidemic. At first only a few cases appeared,

but some of these were seriously ill and needed care day and night. It was impossible to get help from outside and a retired nurse, who resided in the village, volunteered to assist. She was a valuable help, as much night work developed and after about two weeks, when cases had begun to accumulate, the mill nurse was infected and obliged to go off duty for one week with a mild attack, the other nurse carrying on in the meantime, with some assistance from the towns-people, who had become aroused.

During the height of the epidemic the mill closed down for one week. The Red Cross rooms were used for headquarters, and medicines, under the direction of the health officer, were given out,—it being impossible to procure medical attendance for all cases, as some of the local doctors were ill. Alcohol, medicines, milk and oranges were furnished by the mill to those needing them.

At the time when the epidemic was approaching its height a meeting of the people of the village was called to decide the best thing to do to combat the disease. A large number responded and it was decided to close the mill and devote the entire energy of the community to combating the disease and to bringing it under control. The village was divided into sections and a house to house canvass made to locate and determine the number ill. Each canvasser reported cases and then volunteer workers, men and women, were assigned various duties; some to assist with the sick and administer medicine and nourishment; some to do housework where the housekeeper was ill; others cooked food in their own homes for the sick and for families; others were assigned hours for work at headquarters; some to do laundry work and seventeen automobiles were kept busy carrying helpers to and from their homes, changing shifts and dispensing food. The volunteers worked for six hours at a time. Altogether about 150 people were actively engaged in helping to care for those affected, there being over four hundred cases in the village and surrounding farms. It was a trying time, but all who could helped, and it brought out a wonderful spirit of friendliness and sympathy, for all learned to know each other better.

The signing of the armistice brought joy to our village, which was expressed in various ways. A bonfire was lighted at 3:30 a. m. when the news arrived and from that time on expressions of satisfaction and noise were the order of the day. It was decided to have a general celebration in the evening and one department of the mill was cleared for a dance. A group of about twenty

women were called together in the early afternoon and discussed a way to provide refreshments for about a thousand people, who, it was expected, would attend the dance. Each woman agreed to provide enough for ten and to get ten others to do the same. The local stores were opened to enable the women to make their purchases and a busy time was spent by many in preparation. At 6:30 o'clock in the evening a parade, including band, Red Cross workers and citizens, with colored lights and plenty of noise, was formed at one end of the town and marched through the main street to the mill garden plot where an enormous bonfire was lighted. Fireworks, patriotic airs by the band, and singing by the crowd made the scene one long to be remembered by all present.

About 8:00 o'clock the townspeople adjourned to the mill where dancing was enjoyed, as well as the food and coffee provided. About 2000 attended in place of the expected thousand, but there was food enough and to spare. Nine boxes were packed and sent to the local boys in nearby camps and some to shut-ins who were unable to participate in the celebration.

THE MIDWIFE IN NEW JERSEY

BY FLORENCE S. WRIGHT

Supervisor of Midwifery, New Jersey State Department of Health

EDITOR'S NOTE: The widwife plays so important a part in the big question of maternal and infant welfare that the plans for supervised midwifery now being carried out in the State of New Jersey must be of interest to all our readers. Miss Wright has kindly promised to give us a few short sketches of midwives found practising in the State, and of the effort which is being made to supervise and improve the work of these women. The first article on the subject appeared in our June issue.

The New Jersey State Department of Health has based its work for the improvement of the health of New Jersey's coming generation, and incidentally for the reduction of New Jersey's infant mortality rate, on the work which has given results in Newark during the last six years under the direction of Dr. Julius Levy, Director of the Division of Child Hygiene of the Newark City Department of Health. Under the Newark plan the infant mortality rate in the localities where mothers and babies were supervised was 61.4 in 1917 as compared with 87.8 for the whole city for that year.

The *main* object of this supervision has been to keep each baby in the care of its own mother and breast fed by its own mother for a suitable period. Prenatal care, education of mothers, supervision of midwives, control of boarding homes and day nurseries, assistance to unmarried mothers, education of parents and girls and of the general public were all parts of the Newark plan and all these varied efforts contributed to the results attained.

Dr. Levy is now chief of the Bureau of Child Hygiene of the State Department of Health and he has amplified and adapted to State needs the methods used in Newark.

An appreciable part of the success in Newark has been due, Dr. Levy believes, to the control of the practise of midwifery and to the consequent improvement in the obstetrical care of mothers.* The coöperation of the trained, careful midwife is, furthermore, a large factor in the education of the mothers in the proper care of their children.

AN UNTRAINED MIDWIFE

Alice Lee is a colored woman of sixty odd. She always seemed to wear a black woolen dress even in the warmest weather. Alice called on the supervisor to show her bag. It contained a ragged, dirty Kelley pad, a fountain syringe in much the same condition, a broken thermometer, a pair of rusty shears, a few bichloride tablets wrapped in a scrap of paper (at least the woman said they were "sublimate"), a metal catheter, an assortment of hard rubber rectal tubes and douche tips, a needle and some silk thread for piercing the babies' ears, a partly used jar of vaseline, and a few other odds and ends.

When asked where she had her training, the midwife said, "I ain't no trained nurse." After explanation she said, "Miss, I ain't never had no training, nobody never teached me nothing, only the Lord. He teached me all I know and I'se been a midwife for forty years, thank the Lord."

It was true that she had had no teaching at all, having been licensed under the waiver in 1892. She had at that time been a practising midwife for years.

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*According to a statement made by Dr. Levy at the recent meeting of the National Conference of Social Work, during the last three years in Newark there has been a lower rate from puerpural fever and the accidents of birth among midwife cases than among those attended by doctors and in hospitals. (See report of meeting in this issue of THE PUBLIC HEALTH NURSE.)

Supervision has already taught her to use tube vaseline and lysol from a labeled bottle, to clean her shears and to wear a wash dress and apron. She has discarded her pad and fountain syringe and has made a number of washable linings for her bag. She cannot be taught to read a thermometer but signs seem to indicate that she is being taught that she will do better as a laundress, at which work she is expert, than as a midwife with "all these new fashioned ways of doing things." Perhaps before it becomes possible to take away her license she may have ceased to practise.

PUBLIC HEALTH NURSING AS SOME PEOPLE SEE IT

That Public Health Nursing has earned the right to be acknowledged as indispensable for the building up of a sound national health standard is proved by the following estimates of its value, made just recently by important health authorities:

"To those who have followed the development of public health work in this country it becomes more and more evident that much of the progress which has been made is due to the introduction of public health nursing as an integral part of public health administration. . . . . The reasons for this are not far to seek, for the personal contact thus established between the health authorities on the one hand and the people on the other is incomparably more effective than any other means of promoting health education. . . . .

"Unfortunately, a very large number of communities in the United States are still without a public health nursing service. It seems not to be realized that such a service constitutes a well-paying investment. Yet nothing has been more clearly demonstrated. Progressive health administrators who have had experience with public health nursing are unanimous in praise of the results obtained.

More than ever before there is great need for additional well-trained workers in this field. It is to be hoped the time is not far distant when every community throughout the United States will enjoy the benefits of a system of public health nursing, for experience has demonstrated that this is an invaluable measure for bringing the work of the health authorities to the people."

—(From Report of the U. S. Public Health Service, June 6, 1919.)

"The history of public health nursing is passing out of one crisis into another. Time was when the community could not see its need for a Public Health Nurse. . . . . The crisis now apprehended is this—there are only one-seventh as many Public Health Nurses as needed this year. Public health nursing faces an even greater problem than ever before. . . . . We are hoping to see the time, and before very long, when every county in Minnesota will

have the benefit of the services of at least one full time permanent Public Health Nurse. . . . . In Minnesota there are about 2,000,000 people, in 86 counties, and for the 2,000,000 there are 143 Public Health Nurses, only 11 of these in counties. We can never make up the deficiency until every community supplies one or more trained Public Health Nurses among its young women.

" . . . . Let us make this our slogan: "A Public Health Nurse from and for, every community!' "

—From *The Minnesota Public Health Association Journal.*

"The development of public health nursing is perhaps the central problem in the whole field of public health."

—Prof. C. E. A. Winslow, Yale University.

LETTERS FROM ABROAD

The following letters give some interesting pictures of life and conditions in Italy:

Roma, April 24, 1919.

Dear ———,

Life has been so kaleidescopic since I arrived in Havre that I fear my letters have been very unsatisfactory. There is so much to do and see and discuss that letter-writing gets put aside. At night the rooms are still too cold for anything but bed. Stone floors are not conductors of heat, when there is no heating apparatus. I don't believe that Italians mind the cold much. Since my arrival on Monday, it has been very warm in the sun, cold enough for two coats most of the time and for a sweater in one's room. Yesterday morning a muff would have been a joy. It has rained hard twice but we seem to have more sunshine than one gets in Paris. In both places, when the sun does shine, the sky is so blue and the air so bracing that one cheers up very promptly. The streets dry in a very short time and when there is no wind, there is no dust and everything is fine. The dust is irritating. It seems finer and more penetrating than dust at home. One does not taste it so readily but it gets down one's throat and into one's eyes in a very disagreeable way.

Miss Fraser met me at the train; soon Miss Gardner and Miss Thomson came and took me up to Pension Geradet Piazza Esquilino No. 12 and I was fixed.

In the square is the huge old church of Santa Maria Maggiore. It dates back to the fifth century and looks it. The back is much more impressive than the front and as it stands at the top of a hill and is surrounded by six and eight story buildings and is as high as any of them, you can imagine how impressed I was. My room (on the fifth floor) overlooks the square at the church. In the distance are the hills, old buildings, modern Italian houses, and one dreams of the Caesars, the Popes and Sonnio in one breath. The houses are built close to the sidewalk—wide on our street—and the entrance is through a huge double doorway.

Sunday A. M.

In the better houses, as in Paris, the gateway opens into a court in which there are usually flowers and a fountain. The house is built around all four sides and the Conciergo and his family have their rooms at the entrance, just inside the gate. Ours has three children, the youngest an adorable baby of two or three whom the nurses have taught to say "good-bye" and "pretty well." Baby voices are the same all over the world and it is sweet to hear our words in this cunning lamb's mouth. All of the rooms everywhere have tiled floors. Ours are red and black. They have a few rugs but the cold does creep through even in April.

We went up to the Castle of the Caesars on the Aventine for tea yesterday (doesn't that sound like sophomore Latin?) and on the way, driving through the high stone walls, we saw a few huge cactuses, the many spiked leaves variety, growing almost upside down, way up ten or twelve feet or more, in the wall. There couldn't have been much soil for them and several looked as if their own weight would surely dislodge them. The castle is an old stone house perched half-way up the side of the hill. It is a popular spot for tea for it not only overlooks the ruins of the Coliseum but gives one a splendid view of the country with the hills in the distance. In the opposite direction lie old Rome, the Tiber and St. Peter's.

7:30 P. M.

Just back from an excursion and two deader mortals than Miss McCauly and myself would be hard to find. I went to the American Church of St. Paul this morning—a beautiful place with some very lovely and fine Burne Jones mosaics in the roof of the chancel and over the altar. Dr. Lowrie, the rector, has a nice sympathetic voice and preached a good sermon. His wife is a charming young New Yorker. When the Commission first came, she gave the Red Cross women workers some pleasant evenings and Dr. Lowrie talked Rome to them. He is an archaeologist of note and knows Rome far better than most Americans do. The nurses enjoyed the evenings very much.

The Ambassador and Mrs. Page were at church. He is awfully nice and she is a dear. Their going will be a great loss to us in Italy. Everyone loves them. The nurses tell me that they gave a big tea at the Embassy on Thanksgiving day and officers and privates, Red Cross and A. E. F. mingled and had a good time.

We came back to the Pension for lunch—which was dinner—and then, armed with guide-books, we started out to *do* St. John Lateran. On the map it seemed near but we found it a comfortable walk. It was the Pope's church before the Vatican was built and is now really the Cathedral of Rome. Like most of the churches (and there are over 360 in Rome alone) it has a shabby exterior but a gorgeous interior. I never saw so much color in my life as some of these old churches have and they are not tawdry either. Gold and all kinds of quarried stones—green, red, yellow, blue, gray, black and white—marbles and onyx of every description, huge pillars, tiled floors (this one dated from the 12th century) are used in enormous amounts. This church had some wonderful but very homely mosaics over the altar of one of the chapels. Leo XIII is buried here and his tomb is very modern, 1907. Below one of the special chapels is a vault with eight or ten stone sarcophagi where various popes were buried. It would take a long time to study it out properly but when our feet were tired we decided to move on. Just then five soldiers, three

American officers, lieutenants, and two Australians, came up and asked if we would share our knowledge with them. They were mere boys, very fresh and very likeable, so we took them under our wing, toted them through the Lateran, out through the Piazza and into the chapel of the Sacred Stairs. There are twenty-eight of them and people may only mount them on their knees. A great many people were doing it but we took the short cut up the other stairs to the chapel, which was formerly the private chapel of the popes. It was crowded, for there was a service.

From there we went to the Coliseum, got lost in the Appian Way, got a guide at the Coliseum who took us through that and the Forum. Miss McCauley, who is a Providence Visiting Nurse, piloted us around in great shape and her Italian, when she asked directions, always got her an answer. Nearly all of the nurses have studied hard and picked up a lot of Italian. It or French is absolutely indispensable. Do urge the nurses to keep on studying. I am taking an Italian lesson every morning.

The food situation here is still serious. Butter is unknown, potatoes have been served only once in seven days, and the meat is usually coarse in quality. France seemed full of good meat but it was very expensive. We had a little butter there and cheese at least once a day. The bread is better here but both countries are still serving war bread. Sugar is served very sparingly. Fats are hard to get. Everyone says that the situation is so much better than it was that I wonder how all the Americans stood it. France was using bread-cards and England discontinues them sometime next month. Breakfast is always served in one's room. It consists of cafe' latta (hot milk and coffee that tastes like burned corn) and bread. Lunch is usually rice or spaghetti for one course (and each person takes a huge plateful), some kind of omelet and boiled greens (lettuce or cabbage) for the next, and an orange for dessert. Dinner at 8:00 P. M. consists of a thick soup, a boiled vegetable (for next course) then meat or fish with a salad and an orange for dessert. The food is deliciously cooked, is nicely served and one may have as many servings as desired, but about an hour after eating, everyone of the Americans is ready to eat again. No fats and no sugars impair one's vitality very gradually, but only a month of it is required to impair one's ability to stand only three meals a day. When the nurses first came, they were frequently very hungry.

It took them a long time, too, to get accustomed to the cold rooms and houses. In fact, all the nurses who came over here learned that Europe was not America. Our necessities are luxuries over here for all but the very wealthy. But the nurses have had a marvelous chance to travel and see new places and most of them are very appreciative of the fact. (Angelina, the nice little maid, has just been in and in fluent Italian has told me that I might have a bath at half-past nine. She understood my "baguo" and I her "nose mezzo" and the transaction is complete.) I met one nurse at St. Nazavi who had three months in emergency work near the front, lived on tinned food and rarely saw her luggage, but she was so glad to have had the experience. I told her that she was brave and she said scornfully, "Brave nothing. There isn't a nurse over here who was not dying to change places with me."

Please tell ——— that I like her country very, very much.

P. S. On re-reading this, it sounds as if we were starving. We are not at all, but I knew that you would be interested in hearing how we made our re-adjustments. For fats, we can't but we can buy some sweets. A delectable

lemon meringue pie costs 15 francs ($3) but it has a lot of sugar and that's more essential than thrift just now. Eggs are becoming plentiful—last winter they were 1 franc 40 centimes (28 cents) apiece. Green vegetables are coming in rapidly but there is no fruit as yet but oranges. Of course, I'm speaking for Rome and there is probably more food here than anywhere else in Italy unless in Milan, Turin and Genoa. We heard enough about Hooverising but it did not seem like this. We are glad to be in it for now we have some slight comprehension of what the people have been enduring. For the most part, Americans were better fed than natives, for the food was always plentiful in the base hospitals and the Red Cross and Y canteens did a stupendous amount of work. I have talked with a number of nurses and they are all glad that they had a chance to come. It made them feel more on a level with the army itself.

Nove mezzo, so boune sera. My spelling is atrocious. E. L. F.

Roma, May 21, 1919.

Only time for a brief line, but knew that you would be interested. In making the rounds with one of the nurses we visited a Beni Stabili tenement. This company, which is not a philanthropy, but organized for profit, has all sorts of houses on its hands, in fact, I have been told that it handles one-fifth of the houses in Rome. The Pension where I live is in a huge six-story Roman house (occupying a whole city block with us) and the house is operated or owned by the Beni Stabili (good dwellings). Most houses in Rome (all Italy for that matter) are very high and built around a square court. I am on the sixth floor of our ten-story pension (other families renting the remaining four floors), and although we have an elevator for which we pay 5 centessimi (1 cent) a ride, we are supposed to walk down, and we not infrequently walk up. My latch-key is four inches long. From my window I look out upon the rear of beautiful old Santa Maria Maggiore which crowns the Esquiline Hill, and of which I have surely sent you a card. I am higher than the church and can look way out over half of Rome to the statue of Garibaldi which tops the Janiculum Hill. The two hills are nearly the same height. Doesn't it remind you of Romulus and Remus and free corn, and Horatious? I love the Tiber. We went into one large building that had eight stairways, seven floors and a roof. There were three families on a floor, so we estimated that more than 150 families lived there. The roof is used as a drying yard and the washing is all done in the basement. (In Genoa the clothes are dried on lines stretched across narrow salitas or alleys, or on lines that flap against the house-wall, just below the window. That is a popular method in Rome, too, in the poorer houses). Each family has two rooms, and rights in the laundry and on the roof. The laundry has a huge stone trough in which the clothes are washed. They are well soaped but not boiled and are always washed in cold water.

The rooms have electric lights and small one or two burner gas stoves. These latter stand on the charcoal stoves, rather imposing red-tiled affairs with two fire holes. Perfectly delicious food is cooked over charcoal and when the fire is refractory, as it frequently is, some patient member of the family stands fanning it by the hour with a specially constructed fan of chicken feathers. These rooms also had running water, a great boon. Even in Rome many of the people get water from the fountain in the square and in smaller towns this is the almost universal custom. There were no toilets. Rome is a queer place in this respect, but it has done so well with its economically possible, or profit-

paying working-men's houses that it will go ahead of us in sanitation, once it fixes its mind on the subject.

These dwellings are not philanthropy—they were instituted by architects, builders, and financiers, and the rent is within reach of working-people. Two rooms seem small to us, but so many, many families live in only one that two is a great improvement.

P. S. Am told that the Beni Stabili suites have two or more rooms, according to the size of the family, and that there are a certain number of toilets in each building. E. L. F.

The following gleanings come from a State department of vital statistics. The cause of death on a negro's certificate was, "She didn't have nothin' the matter with her; she just woke up dead!"

A little pickaninny who died in the fall of 1918 was named "Influenzy."

A nurse was driving through the Parish of a Southern State and questioned the driver about the custom of placing the tombs on the top of the ground (the Parish is only ten feet above sea level.) His reply was: "They's plenty folks buried in the ground, miss; they buries 'em or not, jest accordin' to their taste."

ACTIVITIES OF THE NATIONAL ORGANIZATION

THE STATES AND "THE PUBLIC HEALTH NURSE"

A cursory glance at the table which we give below, showing the distribution of the subscribers to THE PUBLIC HEALTH NURSE (which includes those who receive the magazine as members of the National Organization, and is fairly indicative of the number of public health nurses in a community) would seem to show that the distribution of Public Health Nurses throughout the country is very uneven, and that certain States—such, for instance as Montana, with 15 subscribers, or Idaho with 12, are not as well supplied as, for instance, New York with 386 subscribers, or Illinois with 214. A closer analysis, however, shows that the difference is not as great as at first appears. Worked out according to the number of nurses to the population (assuming, for the time being, that the number of subscribers to the magazine represents the number of Public Health Nurses in the State), Montana with 15 is giving one Public Health Nurse to every 25,000 of her population, while New York with 386 is giving one to every 23,000 of her population, and Idaho with 12 nurses is giving one to every 27,000 of the population; while Illinois is only giving one to every 28,000.

*Some time ago it was stated as a rough estimate that for *minimum* public health nursing service in a community there should be one Public Health Nurse to every five thousand of the population. This average has not been attained in any State. Massachusetts comes nearest its attainment, with one nurse to every 9,000 of its population, and Rhode Island and Connecticut come next with one to every 10,000.†

On the other hand, however, this reckoning per population

*At a recent meeting of State and Divisional Superivsors, held in Cincinnati, a recommendation was made asking the National Organization to appoint a committee to analyze and set forth a standardized number of Public Health Nurses for a community of given size.

†Of course, this is not an accurate statement, because many subscribers to the magazine are lay people, and on the other hand, some Public Health Nurses have not yet joined the National Organization or subscribed to the magazine. It is, however, sufficiently indicative to serve our purpose in this analysis.

is not wholly satisfactory, for in the densely populated districts of New York and Illinois the nurse can cover more ground and can care for more people in a day's work than can a nurse in the sparsely peopled and wide-stretching district of Montana or Idaho; therefore a greater number per population would be necessary in the latter State than in the former.

We hope our readers will study this table and that each one will make of himself a committee of one to increase the number of subscribers to THE PUBLIC HEALTH NURSE in his own State.

The following list shows the order in which the various States rank according to the number of persons who are receiving THE PUBLIC HEALTH NURSE, either as members of the National Organization, or as subscribers. The position of each State has been calculated on the basis of the ratio of persons receiving the magazine to the population of the State:*

State	Ratio of Population Receiving Magazine	Receiving Magazine
Massachusetts	1 in 9,000	350
Connecticut	1 in 10,000	105
Rhode Island	1 in 10,000	54
Delaware	1 in 14,000	14
Ohio	1 in 14,000	333
New Hampshire	1 in 18,000	24
Arizona	1 in 22,000	9
California	1 in 22,000	107
Michigan	1 in 22,000	126
Washington	1 in 22,000	51
New York	1 in 23,000	386
Vermont	1 in 23,000	15
Maryland	1 in 24,000	53
Montana	1 in 25,000	15
New Jersey	1 in 26,000	90
Idaho	1 in 27,000	12
Virginia	1 in 27,000	75
Illinois	1 in 28,000	214
Minnesota	1 in 29,000	71
Iowa	1 in 31,000	70
Colorado	1 in 32,000	25

*See statement of Miss Waters, p. 564, that there are at the present time 7,700 Public Health Nurses in the United States—one for every 12,987 of the *total* population (1910 census).

Wisconsin	1 in 33,000	70
Utah	1 in 37,000	10
Nevada	1 in 40,000	2
Kentucky	1 in 41,000	55
Maine	1 in 41,000	18
Kansas	1 in 41,000	41
Pennsylvania	1 in 42,000	183
West Virginia	1 in 48,000	25
Oregon	1 in 48,000	14
Missouri	1 in 49,000	67
North Carolina	1 in 53,000	41
Indiana	1 in 54,000	48
Louisiana	1 in 59,000	28
Tennessee	1 in 60,000	36
North Dakota	1 in 64,000	9
Georgia	1 in 66,000	39
Wyoming	1 in 72,000	2
New Mexico	1 in 81,000	4
Florida	1 in 83,000	9
South Carolina	1 in 84,000	18
Alabama	1 in 89,000	24
South Dakota	1 in 95,000	6
Texas	1 in 97,000	40
Arkansas	1 in 112,000	14
Nebraska	1 in 119,000	10
Oklahoma	1 in 119,000	14
Mississippi	1 in 199,000	9

THE NEW YORK OFFICE

During the month of May, 73 new members have been added to the National Organization, of whom 61 have been admitted as Active Members, 8 as Associate Nurse Members, 1 as Active Corporate and 1 as Associate Corporate member, and 1 as Sustaining member.

A circular letter has been sent out to 750 school nurses throughout the country, asking whether or not they favored the formation of a school nursing section in the National Organization. Plans for the organization of a section on infant welfare are now being made.

The advice of the National Organization has been sought regarding public health nursing courses in Georgia, Idaho, Washington, Oregon, Iowa, North Dakota, South Dakota, Michigan,

Montana and New York, and a specially large number of letters have been received and answered asking for information and help on the following subjects: organization and administration; record cards; public health courses and scholarships; State organization of Public Health Nurses; salaries; courses for trained attendants; work with foreign born patients; nursing care in relation to osteopaths.

The Educational Secretary, who is conducting the activities in the New York office in the absence of the Executive Secretary, has made addresses before the following groups during the month: Students at Adelphi College, Brooklyn, N. Y.; Americanization Conference arranged by the Department of the Interior, Washington, D. C.; Training School for Community Workers, conducted by the Bureau of Municipal Research; Connecticut Association of Public Health Nursing; the Tuberculosis Institute. She also attended a hearing at the Academy of Medicine on the Reconstruction Plans of the New York State Department of Health in regard to nursing; a meeting of the National Health Council; and a two-day session at the New York School of Social Work of the executives of Schools of Social Work.

In connection with the Occupational Bureau, applications for help in obtaining positions have been received from 14 nurses, and 16 requests have come from associations requiring nurses; 6 appointments have been secured through this office.

The National Committee for Mental Hygiene has asked for recommendations for a staff of workers in this line, and every effort has been made by the National Organization to give assistance in procuring such a staff.

THE WESTERN OFFICE

The Secretary of the Western Office has spent the greater part of May in Morgan County, Ills., helping the Child Welfare Demonstration which she is directing there. During this period "Health Promotion Week" was held, and every advantage was taken of this opportunity for education and propaganda. A large store room on the main street, Jacksonville, was donated for the centre, and the walls were covered with Baby posters from various exhibit houses and national organizations and over 300 made by children of the schools; these drew many fathers and mothers into the Health Centre. An exhibit of food for children of different ages, and school lunches were prepared by the Domestic Science

class of the Woman's College. The community was so much interested in the value of the Health Centre that a committee was appointed to make plans for it becoming a permanent institution in the town, with an exhibit which can be loaned to the other small towns for their health centres.

The following are some of the services which have been given during the month in connection with the demonstration:

Rural homes visited 179
Nursing advice and bedside care 175
Pregnant women on visiting list 6
Babies under 2 years carried on visiting list 65 (18 were bottle fed)
Lectures and talks by nurses to groups 38
Conferences held in rural communities 12
Interviews with people at Health Centre 310
Demonstrations in care of babies 4
Leaflets on baby care distributed 990
Baby posters put in 17 towns
Baby posters pasted in county 1,000
Free moving pictures held at Health Centre 8 nights
New tuberculosis suspects reported 15
Crippled children found for clinic 4

The Secretary attended a Conference of Foreign Experts in Chicago, and gave a talk in which she mentioned the value of community councils to promote child welfare work in rural counties; this resulted in the holding of six different conferences with groups of visitors from various rural sections in surrounding States, showing how many people are becoming interested in this method of coöperation.

An interesting interview was held with several women from Albuquerque, New Mexico, concerning the possibilities of a Child Welfare Demonstration in New Mexico. These women are intensely interested in starting Public Health Nursing demonstrations in their State, where it is much needed and would be supported.

Amongst other talks and addresses, Miss Olmsted gave one on "Training Public Health Nurses," before the meeting of the Canadian Public Health Association, in Toronto.

The Western Secretary, with several assistants, went to Wyoming in the middle of June to start a study among the Arapohoe and Shoshone Indians on the Wind River Reservation in Fremont County. This study is another of the several which are being conducted by the National Organization in coöperation with the Federal Children's Bureau.

DEMONSTRATION IN LOUISIANA

In the middle of May Miss Zoe La Forge went to Louisiana, to arrange for a demonstration in St. Mary's Parish. The Parish covers an area of 632 square miles, but more than half of this is marsh land bordering on the gulf. The population, as estimated by the clerk of the court for the Parish, is about 50 per cent white and 50 per cent colored, and is scattered on either side of the main highway which follows the winding Bayou Teche the length of the Parish, running in the main east and west. The roads of the Parish are gravelled, with the exception of the extreme ends and one district in the country; these are known as Bayou Boeuf, Bayou Sale and Cypremore. In rainy weather these districts are impassable; for three months last winter Cypremore could not be reached except on mule back; however, the Parish has just issued bonds to gravel the roads in these districts and the work is soon to begin. The Cypremore country is extremely lonely and remote, extending for about 20 or 30 miles north and south to the gulf at the extreme western end of the Parish, with only plantation habitation, consisting mainly of negroes.

Through the former Chairman of the Woman's Committee of the Council of National Defense, the names of the leading men and women in the 17 precincts of the parish were obtained, and women in 14 precincts secured to serve as assistants and advisers to the nurse in their own communities—these women are eager to serve, expressing their knowledge of the great need for the nursing service for mothers and babies.

The suggested plan of service is as follows:

1. A visiting nursing service to pre-natal mothers and babies under one year.

   Supervision of midwives, with possible establishment of precinct supply stations for sterile dressings for mother and baby.

2. Appointment of one person in each precinct of the parish to serve as assistant and advisor to the nurse for her own community, to refer the mothers and babies to the nurse and to give her the benefit of personal knowledge of the community and its particular health problems.

   The organization of a small executive committee to advise and confer with the nurse in charge, to follow the development of the work during the course of the demonstration, and to undertake to continue the work as a permanent service at the end of three months.

At a meeting held with the Executive Committee of St. Mary Chapter of the Red Cross, the demonstration was endorsed, and a

committee of five women and four men was appointed to appear before the police jury of the Parish at its next meeting, to request that the nursing service be continued and supported from Parish funds, provided the demonstration proves effective.

LIBRARY DEPARTMENT

Social Hygiene.

There are three publications, recently added to the library, that deal with the ever present topic—venereal diseases. One is the report of a health officer and is not new, but the other two have been published recently by the Public Health Service, and give the last word on a very old subject.

"Lectures on Social Hygiene for Nurses, 1919," were written by Dr. Paul B. Johnson, with a contribution from Katherine B. Davis, presenting the government plan to combat venereal diseases. On finishing the last page of this pamphlet, one cannot resist sighing for the power of "the three wishes." The first would be that the date might have been 1900, instead of 1919; the second, that the title and use of the booklet be not restricted to nurses; and the third that more material like this might be given to the public health world. Does it seem strange that the author makes use of Shakespeare and the Bible, as mediums of interpretation, or does it seem more remarkable that we of the present generation lack the same courage of those earlier days, to speak openly of "spades" when the real digging is to be done? One very delightful quotation from the first lecture will give an idea of the writer's refreshing point of view—he is dealing with art, ethics, and psychology of dress, and says that "this is not the first time in world's history that woman's dress and actions have struck men with open-mouthed amazement. The prophet in the old Hebrew scriptures found cause for complaint, and the long suffering man of today must chuckle in sympathetic delight at dear Isaiah's bad temper toward the Israelitish maidens of his time—

> "The daughters of Zion are haughty, and walk with stretched forth necks and wanton eyes, walking and mincing as they go, and making a tinkling with their feet."

The pamphlet, "Today's World Problem in Disease Prevention"—(A non-technical discussion of Syphilis and Gonorrhea") by Dr. John H. Stokes, will appeal to a very large reading public, because it has much to say that is of scientific, psychological and social interest. The chapters—Public Viewpoint, Normal Ideals of Sex Life, etc., give a sane but liberal interpretation of the times.

Over and over again comment is made on the marvelous change that is coming over the world today bringing out into the light the "secret diseases," the "disease of vice" and "twin scourges" that have crept into our houses and murdered the innocent and helpless...To look at syphilis and gonorrhea with the verbal veil withdrawn is not to turn to stone before the Medusa gaze, but to be inspired to dash at the monster and demolish him. A dispassionate and calm analysis; good Anglo-Saxon words; simple dignity of truth telling; iteration and reiteration will yet awaken a sleeping public thought to the enemy within our gates."

"Social Evil in Relation to the Health Problem" was written in 1913 and read before the American Public Health Association at Colorado Springs meeting. What Dr. J. H. Landis, of Cincinnati, said six years ago still makes a strong appeal to all public health workers, and should have a peculiar force coming from the hand of an able and experienced health officer. The facts he presents are simple, direct, with a marked absence of the maudlin. He recognizes the social evil as a public health problem, states his definite beliefs on the subjects of single standard, sex education, and segregation, and expects the medical profession to meet the resulting complications as they would other infectious disease problems. This is the picture he draws:

"When Pandora let loose the vices, they mated and other vices were born, exhibiting in full degree the ancestral taint. These in turn mated; and so the process went on until the finished degenerate product of them all, a two-headed monster, alcoholism and prostitution, came into the world."

One cannot read these three pamphlets without feeling that there are two responsibilities incumbent upon all public health workers—first, being wisely sensitive to community conditions controlling the great medical-social problem; secondly, helping the individual to appreciate his own status and relation to these conditions.

In the past it has been difficult for the nurse who saw and understood so much to play the role of being "seen but not heard"—from now on, there is nothing that she cannot do by word of mouth for the

"Restoration of good health,
Prevention of ill health."

NORTH CAROLINA'S SLOGAN

There must be no Peace with Prostitution,
No Truce with the Red-light District,
No Armistice with Venereal Diseases.

Suggestive Reading List.

Community prostitution and venereal diseases—pamphlet for organized action (Law Enforcement), American Social Hygiene Association. 1919. Publication No. 182.

War on venereal diseases. February, 1919. California State Board of Health. Monthly Bulletin.

Organization of venereal diseases clinic. By Anne Doyle. November, 1918. PUBLIC HEALTH NURSE (reprint).

Great medical-social problem of venereal diseases—report of community on hospital Social Service. August, 1918. PUBLIC HEALTH NURSE (reprint).

Diagnosis and treatment of venereal diseases. 1918. Liverpool Local Government Board.

Progress in venereal disease control. By J. G. Wilson. 1918. Public Health report (reprint 450).

Venereal diseases, legislation, compilation of laws ad regulations, showing trend of modern legislation for control of venereal diseases, 1918. Public Health report (reprint 450).

BOOK REVIEWS AND BIBLIOGRAPHY

The Cleveland Americanization Committee of the Mayor's Advisory War Committee has just issued a series of publications dealing with various groups of foreign born residents of Cleveland, Ohio. Four illustrated pamphlets cover, respectively, the Slovaks, the Jugoslavs, the Magyars and the Italians; the material presented giving a general outline of the history and background of the group under study, social and political conditions of the home land, distribution of the group in Cleveland, together with some account of the history of the local settlement, its cultural and industrial contributions to the city, etc.

The figures given, while estimated only, show the following number of these foreign born nationalities in Cleveland:

Slovaks, about 35,000.

Jugoslavs: Slovenians, 25,000 to 30,000; Croatians, about 10,000; Serbians, 2,000 before the war; many have since gone into military service.

Magyars, 45,000—more than in any other American city except New York.

Italians, about 23,000. "This figure, however, far from indicates their influence, strength and importance."

The Cleveland Americanization Committee proposes to publish further pamphlets dealing with other groups in the city. The series should be helpful to Public Health Nurses and should give them a better understanding of some of their patients.

Nutrition Notes for School Nurses is a publication of the University of the State of New York, State Department of Education, prepared by Mary G. McCormick, Supervisor of the Nutrition of School Children; it includes Height and Weight Tables for Girls and Boys from the age of 5 to 18 years. The following are the several ways in which the Department of Education in New York State is attempting to deal with the malnutrition of school children:

1. Definite instruction in the nutritive requirements of the body and in the nutritive values of the different foods will be given by the grade teacher as a part of the course in health education.

2. Rural school teachers will be urged to prepare one hot, nutritious dish at noon and to advise the children in regard to the kind of food they ought to bring in their lunch boxes from home. City schools will be urged to install a lunch room and to furnish a nutritious noon lunch. In all schools a mid-morning feeding of milk and bread will be recommended for all undernourished children.

3. The school nurse will make every effort to correct under-nutrition among the school children, by weighing monthly the children who are found to be ten per cent or more underweight, notifying their parents of this condition, and inviting the mothers of these under-nourished children to a monthly conference at which the food suitable for children will be explained, and the preparation of this food demonstrated by the domestic science teacher."

School nurses should find this pamphlet very helpful.

A Dietary for the Aged and Infirm, by Alice M. Heinz, M. A., is a publication of the California State Board of Charities and Corrections.

The American Child is the new title of the publication of the National Child Labor Committee, formerly called the Child Labor Bulletin. The latter "had entirely ourgrown its name, and The American Child was chosen as its new title because that seemed best to convey the present purpose of the editors—to give its readers a journal of all-round information and discussion on every subject concerning the welfare of American children of school age." The Editor is Owen R. Lovejoy, and amongst the contributors to the first issue are Julia C. Lathrop, Chief of the Federal Children's Bureau; George P. Barth, director of the Department of School Hygiene, Milwaukee; John B. Andrews, Secretary of the American Association for Labor Legislation; and Theresa Wolfson, special agent of the National Child Labor Committee.

A Homemade Milk Refrigerator is a four-page, illustrated leaflet issued by the U. S. Public Health Service (Public Health Bulletin No. 102), which tells how to make a simple refrigerator which "uses less than 5 cents' worth of ice every day, and keeps the milk below 40°"

How to Avoid Tuberculosis is a leaflet in the Keep Well Series of the U. S. Public Health Service. It gives briefly and simply the symptoms of this disease which claims one life every three minutes in the United States alone; and outlines the proper method of living which, if followed, would go far to prevent not only tuberculosis but many other human ailments as well.

The Relation of Parental Nativity to the Infant Mortality of New York State is a reprint from The American Journal of Diseases of Children. The writer is P. R. Eastman, of the Division of Vital Statistics, New York State Department of Health. The pamphlet is issued by the American Medical Association, 535 N. Dearborn St., Chicago.

NOTES FROM THE FIELD

SCHOOLS FOR PUBLIC HEALTH NURSES IN ITALY

The Red Cross Tuberculosis Commission to Italy has helped to start two schools for Public Health Nursing, one in Rome and one in Genoa. The former opened on March 17th, Dr. White, Miss Gardner and Miss Thomson making the addresses for the Red Cross and American nurses, and Marchesa Denti for the Committee and Italy. Miss Kamerer, a public health nurse from Cleveland, is Director of the school.

The following is a translation of the first announcement of the school in Rome;* it was prepared by the Committee entirely by themselves:

Visiting Nurses

Theoretical and Practical Courses for Visiting Nurses have been started in Rome at 67 Via Manin.

The courses have been organized by the American Red Cross, in coöperation with the Hygienic Section of the National Council of Italian Women, for the purpose of creating (as has been done in America) a body of professional Health Visitors, whose chief objects will be: The assistance of the sick poor in their homes by coöperating in the work of the doctor in all that regards domestic hygiene, cleanliness, infantile hygiene, the cooking of wholesome food. They may also be requested by Scholastic or Industrial Bodies, to supervise the carrying out of hygienic regulations on their premises.

The courses will last four months and will be attended by nurses who have already taken their diploma, have had at least two years practical training, and have completed their twenty-fifth year of age.

The Professors of this course are: Dr. Valerio Antono di Sant' Angese, Dr. Tommaso Mancioti, Dr. Giuseppe Pecori, Dr. Giorgio Randegger, Prof. Angiolo Signorelli, Prof. Giulio Valenti, Engineer Paolo Tuccimei.

The subjects of the lectures are: Hygiene (tuberculosis, malaria); Pediatria; Elements of Obstetrics; Diseases of the Eye; Otorhynolaryngotry; Infectious and Contagious Diseases; Building (sanitary dwellings, drainage, drinking water); Domestic Economy. The practical work will be done in dispensaries, *ambulatori,* schools and private houses.

The Practical Course will be under the direction of the nurses of the American Red Cross.

The Executive Committee is composed of the following persons: President, Marchesa Marianna Denti. Consigliere: Contessa Nora Balzani, Prin-

*There is unintentional omission of the lectures in Public Health Nursing which have been given at the school and which make forty hours of the sum total of lecture work.

cipessa Isabella Boncompagni, Signora Emilia Malato, Duchessa di Mondragone, Contessa Caterina Pasolini, Signora Adele Perrone, Donna Girgia Ponzio Vaglia, Donna Paola Rasponi, Signora Bianca Rigoletti, Countessa Teresa Spalletti, Contessa Lavinia Taverna, Contessa Ginevra Terni, Signora Angelica Valli.

RETURNING NURSES AND THE PUBLIC HEALTH FIELD.

The Public Health Division of the Red Cross Bureau of Information in New York, from March 10th to April 1st registered 167 nurses who were interested in this work and 38 organizations requiring nurses. There were many fine women among the nurses; the record of their preliminary education showing that 20 per cent had received some college or normal school education, 36 per cent were high school graduates, while 13 per cent had only had grammar school education; a considerable proportion had some knowledge of a foreign language. As regards training in public health, 4 had taken post-graduate public health courses, 10 had had some experience during their hospital training, 62 (37 per cent) had been Public Health Nurses before entering war service, while the remainder had had no experience whatever. It is interesting to note that all but 14 of the 167 nurses left the Bureau with some definite plan mapped out for their future work.

A later report, covering the period from April 1st to 22nd, shows a registration of 130, of whom about 16 per cent had some college or normal school training and 32 per cent were high school graduates; 96 per cent had had no special training in public health work and 58 per cent no practical experience in public health nursing.

Many of the returning war service nurses are especially anxious to enter the industrial field and feel that their overseas surgical experience is a good preparation for this work. The new State law in Massachusetts, which came into effect May 1st, makes it obligatory for all employers of 100 people or more to equip their plants with up-to-date dispensaries, which shall be in charge of graduate nurses or some one capable of caring for accident cases. There is great need, therefore, that an adequate number of nurses should be prepared to undertake this type of service. Through Mrs. Staebler, Executive Secretary of the Committee on Health in Industry, about ten nurses have been placed in as many industries near Boston where for one month they will be given opportunities of great value to obtain experience in industrial nursing; one of these nurses has since written that she "did not dream that any work could be so interesting."

According to an Italian legend, while the country was being devastated by a great plague in the year 590, a votive procession, led by Pope Gregory the Great, was crossing the bridge over the Tiber before the Castle of St. Angelo in Rome, when the Archangel Michael was seen hovering on the summit of Hadrian's tomb in the act of replacing his sword in its scabbard. Soon afterwards the plague was stayed.

Throughout Italy this figure of the angel represents the stopping of the plague, and the Red Cross Tuberculosis Commission to Italy has reproduced it as a poster for use in the educational campaign which has been an important part of the work of the Commission.

At the top of the poster, in Italian, are the words "In Hygiene is Victory;" and below, "War Against Tuberculosis."

The experience of the Public Health Division of the Bureau of Information has led to the following suggestions being made:

1. There should be devised in several sections of the country ways and means for giving nurses who elect to take up industrial nursing adequate experience, under careful nurses' supervision; and where it is at all possible there should be a technical course which will supplement the practical work.

2. A school for public health nursing is greatly needed in the far South. There is nothing below Richmond, Va. There is hardly a State in the South that is not begging for nurses and there are practically none, who have had experience, to offer them.

3. Settlements, Churches and Chapters are clamoring for nurses for the Southern mountain districts. This is a work that is classed by itself because of its peculiar needs. These nurses must be well trained in general visiting, pre-natal, infant and maternal welfare, school and tuberculosis work. They must be able to ride a horse and row a boat, as these means of communication are usually the only ones possible to them. They must be women who like the isolation of the mountain country, and are not afraid to ride for miles alone through the forests—often even at night. There should be a training field where nurses could be sent and tried out for this kind of work, and when their worth has been proven they could be sent on to one of the many places which are at this moment begging for just this kind of nurse. Two or three war service nurses have expressed their desire to do just this kind of work, but they have been wholly untrained in public health procedure, therefore it has not been possible to utilize their youthful activities.

The latest development in the Division is in Social Service with mental cases. There seems very great possibility and need for training nurses in this branch of work.

Miss Yssabella Waters, in concluding her report, makes this very interesting statement:

"Word has recently come from my Rochester office that there were on April 1st 7,700 Public Health Nurses in the United States. Taking the last Federal census figures of the population of this country, 100,000,000, and deducting the ten per cent which the authorities concede can be cared for in hospitals, 90,000,000 remain. There is, therefore, today, one Public Health Nurse for every 11,688 inhabitants. I know of no more striking way of showing the need of such a Bureau as this and the wonderful opportunities there are of rendering a great national service by making it possible to multiply the present number of Public Health Nurses by 8 to 10."

REPORT OF THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION, BOSTON

The Annual Report of the Instructive District Nursing Association of Boston has just recently been issued. Boston was the first city in the United States to be attacked by the Influenza epidemic, which came in a very virulent form, and much of the report is, of course, devoted to this subject. A study covering the period from September 10th to November 1st, 1918, shows that a total of 7,504 influenza and pneumonia patients were cared for, the number of visits being 37,451; of these patients 6,450 were discharged cured, 446 (a percentage of 5.94) died, and the remainder were discharged to hospital, private nurse or the care of the family. An interesting chart shows the plan of organization adopted to provide home nursing during the epidemic. "It was impossible," says Miss Beard, the Director of the Association, in her report, "to give any picture of the devotion and real heroism of those who made up the body of workers during the time of the epidemic. The spirit of devoted service was the same in the members of the Board and of the Staff (66 per cent of whom were ill at one time or another during those eight weeks,) and in those volunteers, both women and men, who poured into the Central House all day long, and well on into the night, offering to help in any way they could. Every department of the service was strained to the utmost, but no part gave way. Records doubled, trebled, quadrupled, piled up in the Central Office; but in spite of the fact that on one memorable day not one of the regular office force was on duty, all being ill, the volunteer service had been so fine and the direction of their efforts so complete that no appreciable difference was felt in the regular office routine. The Dorchester station normally had a staff of nine nurses working under a Supervisor. During the epidemic, thirty nurses, aids, attendants, and other volunteers carried on the work from this station."

The epidemic, in Boston as in other cities, has led to the discovery of some valuable facts which may be used as a basis for future activities. "For some years," says the Director, in another part of her report, "we have been trying to develop neighborhood nursing. Every family in each neighborhood should have at its disposal the services of Public Health Nurses. In a general way our ten stations, covering every ward in Boston, have stood for this ideal. The epidemic showed us how very far short of it we are. Of the 796,310 inhabitants of Boston, we had as patients, in 1918, 31,601, or 4 per

cent. During the epidemic we were called from one to another locality into which we had never been before. We found families constantly who had never heard of us before." A plan of organization for stations or centers, with representative local committees, to act as the starting point for the work of the Association in any locality is then described; such organization has been used in the Hyde Park branch station and has been found very effective. A local committee has been appointed, consisting of ten women, one member of which is also a member of the Board of the Instructive District Nursing Association; an advisory committee of men is also being formed. "Through this plan of work, each station becomes a unit of work very similar to that of the Association itself, with this one important exception, that the local committee may not change any Association policy, nor may the supervising nurse act independently of the executives of the Association."

By the purchase of the house adjoining the headquarters of the Association there is also provided a headquarters for the School of Public Health Nursing, which is under the joint direction of Simmons College and the Instructive District Nursing Association, and is one of the seven "Schools" which make up Simmons College. There were 98 graduates of the two courses—eight months and four months, respectively—in 1918.

The Report deals with many other interesting features, such as the after-care of infantile paralysis cases, a demonstration of preventive dentistry, work in connection with "Children's Year," and the establishment of a Dietetic Bureau; while several charts show the great growth of the work of the Association during the past two years.

In summing up the lessons which have arisen from war-time conditions and work Miss Beard places as the chief one this: "Health Agencies should be drawing closer together in their plans to prevent illness and to raise those standards of family living that will alone really protect motherhood and infancy and insure a healthy rising generation. It is only by united effort that we can come near the attainment of that ideal up to which we are all looking: a health unit in every neighborhood small enough to be known to every neighbor's family, and well enough equipped to meet the health needs of all members of these families, both to relieve illness and also to prevent ill health from entering the family at all."

DIRECTORS ORGANIZE IN CONNECTICUT

From Miss Margaret K. Stack, Secretary of the Connecticut Organization for Public Health Nursing, we have received the following account of an important action taken at a recent meeting of the organization:

The regular meeting of the Connecticut Organization for Public Health Nursing was held in the State Capitol, Hartford, May 21, 1919, with Miss Kathryn Sherman presiding. Although the weather was exceedingly bad, 125 members were present. After the necessary business was transacted, twelve new members were admitted to the Organization.

The problems created and intensified by the war have made more urgent than ever the need for closer coöperation between the Visiting Nurse Directors and the Public Health Nurses of the State. This meeting was held for the purpose of perfecting some working plan by which the Directors and the State Organization could do more effective work. The plan is to have the Visiting Nurse Associations throughout the State join as corporate members.

Miss Gertrude Peabody, Vice President of the Boston Instructive District Nursing Association, who was instrumental in getting the Visiting Nurse Directors mobilized in Massachusetts, addressed the meeting, and Mrs. Bessie Haasis, Educational Secretary of the National Organization for Public Health Nursing, spoke on "Teaching Methods in Public Health Nursing."

After Mrs. Haasis had finished her splendid talk and left a great deal to think over, the Directors of the various Visiting Nurse Associations withdrew to another room in order to further plan their work. At this meeting, Mrs. Edmund Smith, President of the Stamford Visiting Nurse Association presided.

Mrs. Smith explained the purpose for which the meeting had been called and the proposed plan by which the Visiting Nurse Associations of the State could become corporate members of the Connecticut Organization for Public Health Nursing upon the payment of $3.00 by each association. The membership would entitle all Directors and Officers to attend the three meetings of the Organization held each year in different parts of the State.

The following officers were elected:

Chairman, Mrs. Edmund Smith.
Vice-Chairman, Mrs. Minnie Samuels.
Secretary, Mrs. John Huntington.

Chairman of Program Committee, Mrs. C. E. A. Winslow.
Chairman of Nominating Committee, Miss Tounson of Middletown.

It was moved and seconded that a circular letter be prepared and sent to all Visiting Nurse Associations in the State asking them to name a publicity agent for their town to receive the material which is furnished from national headquarters for publication in the State.

Miss Peabody discussed the organization of the Massachusetts directors and gave many helpful suggestions during the meeting. An open forum at the close of the meeting brought forth many interesting discussions.

The following Associations were represented at this meeting:

Hartford	Stamford
Bristol	Norwich
New Haven	Putnam
Branford	North Grovenorsdale
Terryville	Middletown
Fairfield	Rockville

A LETTER TO THE NEW HAVEN VISITING NURSE ASSOCIATION

In our June issue we published a brief account of the campaign of the New Haven Visiting Nurse Association to raise a budget of $82,000 for the year 1919, and its very successful result. After the campaign was completed and $100,000 had been raised, the wc men of the Board of Managers, together with five or six outside the Board gave an additional $47,000 for the purchase of a lovely old house for permanent headquarters. Professor C. E. A. Winslow, who was asked to be present at the dedication of the new home, and the Commencement Exercises of the School of Public Health Nursing, wrote, in response to the invitation, the following letter to Miss Hills, who has been Superintendent of the Association since its foundation fifteen years ago:

New Haven, Conn., May 31, 1919.

Miss Mary G. Hills,
Visiting Nurse Association,
New Haven, Conn.

Dear Miss Hills:

It is a source of very keen regret to me that an engagement made many months ago prevents me from attending the Commencement Exercises of your School of Public Health Nursing and the dedication of the new home of the Association. I do not think there has been any celebration this year in New Haven or out of it in which I have been more eager to share.

The importance of this occasion far transcends the limits of the direct service of your admirable organization. The development of public health nursing is perhaps the central problem in the whole field of public health, and the Visiting Nurse Association of New Haven has made contributions to the solution of this problem which are exerting an influence that is nation wide.

Your Association has shown how the work of sick nursing and public health education can be effectively combined and organized for the public good. You have maintained high scientific and professional standards and have added to your technical excellence a spirit of enthusiasm and of personal service which has brought to your Association the grateful appreciation of your city. Beyond this city and state, however, the Visiting Nurse Association of New Haven is held up as a model and an inspiration and thousands of people all over the country will be made well and kept well as an indirect result of your inspiring service.

May I at this time express my warm congratulations and my deep sense of the gratitude that we all owe to Miss Prudden and the far-sighted Board of Directors, to the numberless volunteer workers on your committees, and above all to you and your devoted staff for the remarkable achievements of the past fifteen years and for the still greater achievements that you will render in the future? Very truly yours,

C. E. A. WINSLOW.

WORK OF CHILDREN'S YEAR COMMITTEE IN MINNEAPOLIS

The Children's Year Committee of the Woman's Committee of the Council of National Defense, Minneapolis, of which Mrs. M. H. Coolidge is Chairman, has issued a report covering the various activities which have been carried on during the year. These have included the following, amongst other accomplishments:

During Children's Week a census was made of 33,000 children, weighing and measuring stations were established, clinics were held in stores and settlement houses, and the following societies had window exhibits in the stores: Anti-Tuberculosis Society, Blind Society, Deaf, Dumb and Crippled Children, Dental Society and Visiting Nurses. In the follow-up work 360 cases were found by block workers and 150 cases reported to the committee were given attention by various social agencies. A survey was also made of deficient children, for use in the public schools and for the Blind Society. A South Town clinic was established by the Infant Welfare Society, and a dental clinic by the Dental Society. The South Town clinic reaches a large outlying section of the city, principally Scandinavians and it was difficult for them to get to already established centres. A nurse from the Visiting Nurse Association is in attendance regularly at the clinic.

Educational material was distributed as follows:

Pamphlet on Child Conservation, for use of study clubs and Parent-Teacher Associations, 2,000 copies.

Pamphlet on proper feeding of children of six months and over, 4,000 copies.

Pamphlet on Proper Division of Income, 2,000 copies.

Race map made and presented to Children's Committee Community Council.

In connection with the educational campaign, talks were given on Supervised Recreation, and a traveling exhibit relating to different phases of child conservation was sent out to twelve different locations, exhibiting for one or two weeks in each locality.

Supervised play centres were established, supplies were furnished and supervisors paid by the Children's Year Committee in various schools and on a piece of previously unused ground. The attendance of children cared for in these playgrounds was 8,640.

Groups of children were sent to the country, their fare being paid by the Committee, and to the parks, milk and crackers being supplied for anaemic children and those from tuberculosis homes. Preparations were made for the carrying out of carnivals during the winter, and although the weather prevented the carnivals actually being held the children received much benefit from practising games and dances and much interest was awakened in supervised outdoor sports.

The Committee also gave its support to several bills dealing with matters of public health, recreation, and nursing.

In closing the year's report, the Chairman draws special attention to the need for a children's hospital, the facilities for the care of children in the hospitals of Minneapolis being very inadequate and consisting of only 200 beds.

NOTES FROM OKLAHOMA

The State of Oklahoma has made a splendid record in the extension of public health work by almost tripling its appropriation to the State Health Department in 1919.

The 1917 legislature appropriated $55,000, and the 1919 legislature has practically trebled this amount. An appropriation of $350,000 is made for the construction and maintenance of tuberculosis sanatoria; a special Bureau of Tuberculosis is established, and provision is made for the employment of a Public Health Nurse in each district in which a sanatorium is located. A Bureau of Venereal Diseases has also been established, with an appropriation of $18,000 from the Federal government, a similar amount by the State, and, in

addition, the State has provided a special sum of $25,000 for the treatment of persons suffering from these diseases. Clinics have already been established in the larger cities. In the words of the State Health Commissioner, "There is every reason to hope and expect that as soon as the new plans for public health work are in operation Oklahoma will have one of the best State health departments in the country.

A survey of health and sanitary conditions of Oklahoma City, which has just been completed, has not only determined the status of health conditions in the city but has also served as an intensive educational campaign; an interesting report on this survey has just been published in the "Oklahoma Pow-Pow," the organ of the State Tuberculosis Association. Amongst other points that are brought out is the fact that the city budget shows an expenditure of only 18 to 21 cents per capita for public health protection, whereas even minor municipal activities receive several times that sum. On completion of the report it was submitted to the Chamber of Commerce and a public health committee was at once organized, composed of 35 members, with five sub-committees on sewage and garbage, health department, schools, milk and water. This committee is now at work and the city authorities are also giving coöperation.

The Oklahoma Tuberculosis Association has planned a big baby welfare campaign this year, lasting from July 1st to October 1st. Three special nurses are to spend one month each in nine counties in which there is not, as yet, any Public Health Nurse.

A NEW COURSE IN PUBLIC HEALTH NURSING

A full nine months' course and a preliminary four months' course in Public Health Nursing have been added to the curriculum of the Missouri School of Social Economy, a training school for social workers, conducted by the University of Missouri in St. Louis. Both courses provide class instruction and field work under the supervision of public health and social agencies. Qualified registered nurses are eligible for these courses, which will be repeated at the opening of the new school year, September 23d. Twenty-six students were enrolled during the past year.

This is a most important step in the development of Public Health Nursing as it furnishes a center of training accessible to the southwestern states which have so long felt the need of one. The value of this work toward the peace time program of the Red Cross has already been recognized, and two of this first group of students were furnished Red Cross Scholarships.

Courses are given in History of Nursing and Contemporary Problems and Principles of Public Health Nursing; Control of Communicable Diseases; City Problems and Sanitary Science; Introduction to Social Work; Methods of Family Treatment; Fields of Public Health Nursing; Organization and Function of Social Agencies; Community Organization; Child Welfare.

A LEAGUE OF RED CROSS SOCIETIES

The following is taken from a statement of Henry P. Davison, recently elected Chairman of the Board of Governors of the League of Red Cross Societies:

"The League of Red Cross Societies is now a reality, officially recognized by the principal powers, and with its objects approved in article 25 of the Covenant of the League of Nations. The Headquarters of the League of Red Cross Societies are now being established at Geneva. Articles of association of the League were signed in Paris on May 5th by the authorized representatives of Red Cross Societies of America, Great Britain, France, Italy and Japan, and these representatives form the present Board of Governors. The Board will consist eventually of not more than fifteen members. Invitations to join the League have been issued to Red Cross societies of the following countries: Argentina, Australia, Belgium, Brazil, Canada, Chili, China, Cuba, Denmark, Greece, Holland, India, New Zealand, Norway, Peru, Portugal, Roumania, Serbia, South Africa, Spain, Sweden, Switzerland, Uruguay and Venezuela.

"As set forth in the article of association, the objects of the League of Red Cross Societies are:

"1. To encourage and promote in every country in the world the establishment and development of fully authorized voluntary National Red Cross organizations, having as their purpose the improvement of health, prevention of disease and mitigation of suffering throughout the world and to secure the coöperation of such organizations for these purposes.

"2. To promote the welfare of mankind by furnishing the medium for bringing within reach of all people the benefits to be derived from present known facts and new contributions to science and medical knowledge and their application.

"3. To furnish the medium for coördinating relief work in case of great national or international calamities.

"The program of the League of Red Cross Societies received the unanimous endorsement of the medical experts who met at Cannes, France, in April. That Conference, which was presided over by Professor Roux, successor of

Pasteur, and Dr. William H. Welch, of Johns Hopkins, included many of the foremost men of America, France, England, Italy and Japan.

"These experts adopted at the Conference minutes announcing that a great part of the world wide prevalence of disease and suffering is due to widespread ignorance and lack of application of well-established facts and methods capable either of largely restricting disease or preventing it. This statement represents the judgment of men who are qualified to speak with highest authority of the great scourges of humanity, such as tuberculosis, malaria, venereal diseases, and epidemics; men who are authorities on preventive medicine and who represent the knowledge of the world in the great field of child welfare. It is their belief, based upon certain scientific knowledge acquired by practical experience, that the number of these great scourges can be controlled or even eliminated by organized coördinated effort.

"It is to be understood that it is not thought that National Red Cross Societies themselves should have the responsibilities of the actual work of safeguarding and improving public health, but that they should stimulate and encourage natural agencies for such work within their respective countries, including the departments of health of their governments, or, in cases where such departments do not exist, endeavor to create public sentiment for the establishment of such departments. The important and probably immediate functions will be to coördinate relief work in combating pestilence such as typhus, which is now raging in Central Europe.

"The Director General of the League of Red Cross Societies, who will be in charge of the active work, is Lieutenant General Sir David Henderson, K. C. B., who from 1913 to 1918, was the Director General of Military Aeronautics of the British Army during the European War."

At a recent conference of health officials held in Washington, D. C., and presided over by Surgeon General Blue, Dr. Charles Bolduan, Educational Director of the U. S. Public Health Service, recommended the appointment of a permanent commission, to include National and State health officials, in order to bring about a closer relationship between the various public health departments. An important part of the work of this commission would be to carry on a continuous educational campaign, through the press, motion pictures, etc.

A correspondent has written to us as follows in regard to the account entitled "A Coördinated Plan of Public Health Nursing in Pittsburgh," which appeared in our April issue:

"I read the article with great satisfaction and . . . . wish to congratulate these excellent people in Pittsburgh who *saw* a faulty situation and proceeded to remedy it. For, may I say it, the same faulty situation exists in most of our cities where similar nursing organizations are maintained, but few of us have the courage to take the stand the Pittsburgh people have taken."

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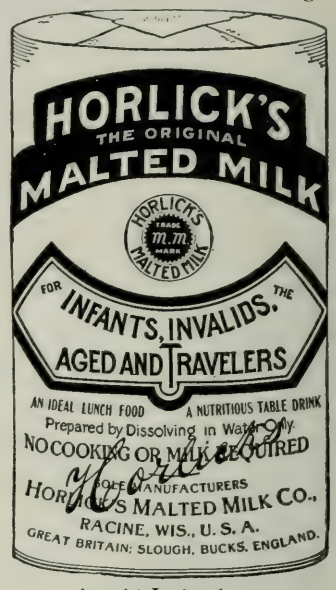

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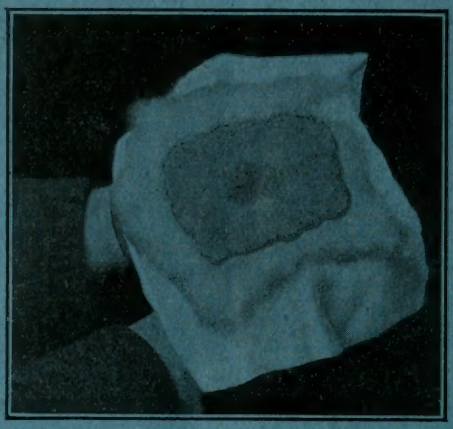

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